Case 2:11-cv-01082-LDG-PAL Document 49 Filed 03/17/14 Page 1 of 68

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255 E. Warm Springs Road, Suite 100 Las Vegas, Nevada 89119 (702) 823-3500 FAX: (702) 823-3400	14
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COHEN-JOHNSON, LL

COHEN-JOHNSON, LLC H. STAN JOHNSON, ESQ.
Nevada Bar No.: 0265 sjohnson@cohenjohnson.com
255 E. Warm Springs Road, Ste. 100 Las Vegas, Nevada 89119
Tel. (702) 823-3500 Facsimile: (702) 823-3400
Attorney for Defendants

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

WINDMILL	&	EASTERN,	LLC,	a	Nevada
limited liabilit			ŕ		

Case No.: 2:11-cv-01082-LDG-PAL

Plaintiff.

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SIMON SHAKIB, an individual and as the trustee of the Nevada K, LLC Defined Pension Plan; ZANNA SHAKIB, an individual and as the trustee of the Nevada K, LLC Defined Pension Plan; NEVADA K, LLC, a Nevada limited liability company, and DOES I through X; and ROE ENTITIES I through X, inclusive,

Defendants.

DEFENDANT'S ERRATA TO THEIR MOTION TO SUPPLEMENT THEIR PRIOR OPPOSITION TO MOTION FOR SUMMARY JUDGMENT AND COUNTERMOTION FOR SUMMARY JUDGMENT

Defendants, by and through their counsel of record, H. Stan Johnson, Esq., of Cohen-Johnson, LLC, hereby file this ERRATA to their Motion to Supplement their Prior Opposition to Motion for Summary Judgment and Countermotion for Summary Judgment.

This Errata includes 9 of Exhibit 1 to MOTION To File Additional Supplement to Prior Opposition re Brief, by Defendant Nevada K, LLC., which was previously submitted without Exhibit 9 to Exhibit 1.

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Dated this 17th day of March, 2014.

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COHEN-JOHNSON, LLC

By:	<u>/s/ H. Stan Johnson</u>
	H. STAN JOHNSON, ESQ.
	Nevada Bar No.: 0265
	255 Ea. Warm Springs Road, Suite 100
	Las Vegas, Nevada 89119
	Attorney for Plaintiffs

Case 2:11-cv-01082-LDG-PAL Document 49 Filed 03/17/14 Page 3 of 68

COHEN-JOHNSON, LLC 255 E. Warm Springs Road, Suite 100 Las Vegas, Nevada 89119 (702) 823-3500 FAX: (702) 823-3400

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CERTIFICAT	E OF SERVICE
OMITALIA LOZILI	

I hereby certify that on the 17th day of March, 2014 I served a copy of the foregoing Defendant's ERRATA to their Motion to Supplement their Prior Opposition to Motion for Summary Judgment and Countermotion for Summary Judgment by Electronic Service pursuant to FRCP 5(b)(3) and LR 5-4 via the court's Case Management and Electronic Case Filing system (CM/ECF) and upon each of the parties by depositing a copy of the same in a sealed envelope in the United States Mail, Las Vegas, Nevada, First-Class Postage fully prepaid, and addressed to:

Doreen Spears Hartwell, Esq. Lionel Sawyer & Collins 1700 Bank of America Plaza 300 South Fourth Street Las Vegas. Nevada 89101 Attorneys for Plaintiff

and that there is a regular communication by mail between the place of mailing and the places so addressed.

/s/ Kelly J. Montgomery

Kelly J. Montgomery, an employee of Cohen-Johnson, LLC

Exhibit 9

Form 5500

Department of the Treasury Internal Revenue Service

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

En	Department of Labor ployee Benefits Security Administration	nefits Security Complete all entries in accordance with					
Pension	Benefit Guaranty Corporation	nie nieuw	This Form is Open to Public Inspection				
Part I	Annual Report Idea	ntification information					
For calend	lar plan year 2010 or fiscal	plan year beginning 01/01/2006		and ending 12/31/	2006		
A This re	turn/report is for:	a multiemployer plan;		iple-employer plan; or (specify)			
B This re	sturn/report is:	the first return/report;	L L	al return/report; t plan year return/report (less t	han 12 months).		
C If the p	olan is a collectively-bargatr	ned plan, check here			, .		
D Check	box if filing under:	Form 5658;	<u></u>	atic extension;	the DFVC program;		
		special extension (enter desc					
Part I		mation—enter all requested informa	tion				
1a Name	•				1b Three-digit plan number (PN) ▶ 001		
NEVADA	K, LLC DEFINED BENEF	T PENSION PLAN			1c Effective date of plan 01/01/2004		
	ess should include room or	ss (employer, if for a single-employer p suite no.)	olan)		2b Employer Identification Number (EIN) 20-2378534		
(4CVAQ/	(1), LEO				2c Sponsor's telephone number 702-303-6363		
	MINO CAPISTRANO LANE SAS NV 89147				2d Business code (see instructions) 531390		
Caution:	A penalty for the late or i	ncomplete filing of this return/repor	t will be assess	ed unless reasonable cause	is established.		
Under ne	nalties of periury and other	penalties set forth in the instructions, i I as the electronic version of this return	declare that I ha	ve examined this return/report	, including accompanying schedules,		
SIGN				SIMON K. SHAKIB			
HERE	Signature of plan admin	istrator	Date	Enter name of individual	signing as plan administrator		
SIGN							
HERE	Signature of employer/p	lan sponsor	Date	Enter name of Individual	signing as employer or plan sponsor		
SIGN HERE							
Signature of DFE Date Enter name of individual signing as DFE			signing as DFE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Form 5500 (2010) v.092307.1

Case 2:11-cv-01082-LDG-PAL Document 49 Filed 03/17/14 Page 6 of 68

	Form 5500 (2010)		Pag	je 2	*		
	Plan administrator's name and address (if same as plan sponsor, enter "Sa ME	me")				20- 3c Adi	ministrator's EIN 2378534 ministrator's telephone mber 2-303-6363
4	If the name and/or EIN of the plan sponsor has changed since the last retur the plan number from the last return/report:	n/repor	l filed for	this	plan, enter the name, EIN	and	4b EIN
a	Sponsor's name						4c PN
5	Total number of participants at the beginning of the plan year						3
6	Number of participants as of the end of the plan year (welfare plans comple	te only	lines 6a,	6b,	6c, and 6d).		
а	Active participants	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*******************************	6a	3
b	Retired or separated participants receiving benefits				******************************	6b	С
C	Other retired or separated participants entitled to future benefits	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******	*************************************	6c	c
d	Subtotal. Add lines 6a, 6b, and 6c					6d	3
e	Deceased participants whose beneficiaries are receiving or are entitled to re					6e	C
f	Total. Add lines 6d and 6e				***************************************	6f	s
g	Number of participants with account balances as of the end of the plan year complete this item)	only c	efined c	ontrik	oution plans	6g	
	Number of participants that terminated employment during the plan year wit less than 100% vested	<u> </u>	,,		******	6h	c
7	Enter the total number of employers obligated to contribute to the plan (only	y multie	mployer	plan	s complete this item)	7	
	if the plan provides pension benefits, enter the applicable pension feature of 1A 1G 3D for the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits.						
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor		Plan ber (1) (2) (3) (4)	efit a	arrangement (check all tha Insurance Code section 412(e)(3) in Trust General assets of the sp	nsuranc	
10	Check all applicable boxes in 10a and 10b to Indicate which schedules are a			here			hed. (See instructions)
а	Pension Schedules (1) X R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		Genera (1) (2) (3) (4)		H (Financial Inform I (Financial Inform A (Insurance Inform C (Service Provide	etion) ation — : nation) r Inform	Small Plan) ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(5) (6)		D (DFE/Participatir G (Financial Trans	-	•

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

Pension Benefit Guaranty Corporation	File as an attachmen	t to Form 5500.	This Form is Open to Public
For calendar plan year 2010 or fiscal pla	vear beginning 01/01/2006	and ending 12/	Inspection 31/2006
A Name of plan	Tyear beginning 0 110 112 000	B Three-digit	
NEVADA K, LLC DEFINED BENEFIT PE	NSION PLAN	plan number (PN)	001
C Plan sponsor's name as shown on lin NEVADA K, LLC	e 2a of Form 5500	D Employer Identification 20-2378534	on Number (EIN)

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	424095	640019
b	Total plan liabilities	1b	0	0
¢	Net plan assets (subtract line 1b from line 1a)	1c	424095	640019
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	209894	
	(2) Participants	2a(2)	O	
	(3) Others (including rollovers)	2a(3)	0	
b	Noncash contributions	2b	0	
C	Other income	2c	6030	
đ	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		215924
e	Benefits paid (including direct rollovers)	2e	0	·
f	Corrective distributions (see instructions)	2 f	0	
g	Certain deemed distributions of participant loans (see instructions)	2g	0	
h	Administrative service providers (salaries, fees, and commissions).	2h	0	
i	Other expenses	2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		215924
i	Transfers to (from) the plan (see instructions)	21		Q

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		Х	
b	Employer real property	3b		Х	
c	Real estate (other than employer real property)	1		Х	
d	Employer securities	3d		Х	
	Participant loans			Х	

	Schedule I (Form 5500) 2010 Page 2-	: :				
			Yes	No		Amount
31				X		
g	Tangible personal property	3g		X		
	art II Compliance Questions					
4	During the plan year:		Yes	Nο		Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			х		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4a 4b		x		
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?			,	VIII.	· · · · · · · · · · · · · · · · · · ·
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4c 4d		X		
е	Was the plan covered by a fidelity bond?	40		X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		· · · · · · · · · · · · · · · · · · ·			***************************************
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4f		×	<u> </u>	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		×		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4h		×	<u> </u>	<u> </u>
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4i		X		the Management of the Control of the
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See Instructions on waiver eligibility and conditions.)	4j 4k	x			-N-76-1
	Has the plan failed to provide any benefit when due under the plan?	41		${x}$		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4m 4n		X		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	<u></u>	s XN		nount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify th	e plan(s) to wh	ich assets or	· liabilities were
	5b(1) Name of plan(s)			6b(2) E	iN(s)	5b(3) PN(s)
			···			52(b) (14(a)
					<u> </u>	

SCHEDULE R (Form 5500)

Department of the Treasury

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the

OMB No. 1210-0110

2010

Internal Revenue Service	Employee Retirement Income Security Act of 1974 (ERISA) and section					
Department of Labor Employee Benefits Security Administration	6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.		-	This	Form is Open to Inspection.	Public
Pension Benefit Gueranty Corporation For calendar plan year 2010 or fiscal plan	04/04/0002				mspection.	
	an year beginning 01/01/2006 and	ending	12/31	2006	.,	
A Name of plan NEVADA K, LLC DEFINED BENEFIT PE	ENSION PLAN	F	hree-digit plan num PN)		001	
C Clan changele name as shows as its	- D (C					
C Plan sponsor's name as shown on lin NEVADA K, LLC	ie 28 of Form 5500	D E	mployer I	dentifica	ation Number (El	N)
INC VALIA N, LIEU			20-2378	534		
Part I Distributions All references to distributions relates	only to payments of benefits during the plan year.					
			,			
1 Total value of distributions paid in particular instructions	property other than in cash or the forms of property specified in the	, ,,,,,,	. 4			
EIN(s):		ring the y	ear (if mo	re than	two, enter EINs	of the two
Profit-sharing plans, ESOPs, and						
3 Number of participants (living or de year	ceased) whose benefits were distributed in a single sum, during th	e plan	. 3			
	n (if the plan is not subject to the minimum funding requirements			f the Int	ernal Revenue C	0 lode or
						
4 is the plant authinistrator making an el	lection under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	∐ No	N/A
If the plan is a defined benefit pla						
plan year, see instructions and ente	standard for a prior year is being amortized in this or the date of the ruling letter granting the waiver. Date: Mor	nth	מ	av	Year	
If you completed line 5, complete	lines 3, 9, and 10 of Schedule MB and do not complete the re	mainder	of this s	chadul	1021	
6 a Enter the minimum required cor	stribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 6a	1	·	
b Enter the amount contributed by	the employer to the plan for this plan year		6b	-		
 Subtract the amount in line 6b fr 	om the amount in line 6a. Enter the result					
	a negative amount)	************	- 6c			
 If you completed line 6c, skip line Will the minimum funding amount re 						
	ported on line 6c be met by the funding deadline?			Yes	☐ No	⊠ N/A
8 If a change in actuarial cost method automatic approval for the change of with the change?	was made for this plan year pursuant to a revenue procedure pro or a class ruling letter, does the plan sponsor or plan administrator	viding agree		Yes	∏ No	X N/A
Part III Amendments				······································		
year that increased or decreased the box(es). If no, check the "No" box	an, were any amendments adopted during this plan e value of benefits? If yes, check the appropriate	ase	Decn	ease	Both	X No
	tions). If this is not a plan described under Section 409(a) or 4975(e)(7) of th			nue Code,	
	es or proceeds from the sale of unallocated securities used to repa	W anti-cit	mat lee		□ •	T) Bin
1 a Does the ESOP hold any prefe	rrad stock?	y any exe	aubrioai	I F	Yes	No
///// //	rred stock?			······	Yes	No.
(See instructions for definition (g exempt loan with the employer as lender, is such loan part of a " of "back-to-back" loan.)	4444444				No
2 Does the ESOP hold any stock that	is not readily tradable on an established securities market?	*************	•••••		Yes	No

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Schedule R (Form 5500) 2010 Part V Additional Information for Multiemployer Defined Benefit Pension Plans Enter the following Information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer b EIN Dollar amount contributed by employer d Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify): Name of contributing employer b EIN Dollar amount contributed by employer C Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _ Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2)Base unit measure: Weekly Hourly Unit of production Other (specify): Name of contributing employer b EIN Dollar amount contributed by employer Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify): a Name of contributing employer ħ EIN Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box d and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete Items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify): а Name of contributing employer b C Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box d and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) (1) Base unit measure: Weekly Houriv Unit of production Other (specify): Name of contributing employer а EIN C Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, 6 complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) (2)Base unit measure: | Hourly Weekly Unit of production Other (specify):

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**********	Schedule R (Form 5500) 2010	Page 3					
14	Enter the number of participants on whose behalf no contributions were made by an eparticipant for:	employer as an employer of	the				
	a The current year	****************************	14a				
	b The plan year immediately preceding the current plan year		14b				
	C The second preceding plan year	4444 (444444444444444444444444444444444	14c				
15	Enter the ratio of the number of participants under the plan on whose behalf no emplo employer contribution during the current plan year to:	yer had an obligation to ma	ke an				
	a The corresponding number for the plan year immediately preceding the current pla	an year	15a				
	b The corresponding number for the second preceding plan year		15b				
16	Information with respect to any employers who withdrew from the plan during the prec						
	a Enter the number of employers who withdrew during the preceding plan year		16a				
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability ass assessed against such withdrawn employers	espect or setimated to be	16b				
17	if assets and ilabilities from another plan have been transferred to or merged with this purplemental information to be included as an attachment.	den during the plan year of	eck box	and see instructions regarding			
Pa	art VI Additional Information for Single-Employer and Multiemp	loyer Defined Benefi	t Pens	ion Plans			
18							
19	If the total number of participants is 1,000 or more, complete items (a) through (c)						
	a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt: b Provide the average duration of the combined investment-grade and high-yield de	ebt: 15-18 years					

SCHEDULE B (Form 5500)

Department of the Treasury

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6069(a) of the

Official Use Only

OMB No. 1210-0110

2006

SUCREBUIL HOARDING SOLAICE		e, referred to se the Co		
Department of Labor Employee Benefits Security Administration	· Attach to Form 5500			This Form is Open to Public Inspection (except when attached to Form 5500–52).
Panelon Benefit Guaranty Corporation For celeridar plan year 2006 or fiscal		ne ulourations	and ending	
Round off amounts to nearest			and direing	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	be assessed for late filling of this report un	rilese reasonable cause	is established.	
A Name of plan	no resconde set felle stilled of due sebest as		B Three-digit	
	BENEFIT PENSION PLAN		plan number	▶ 001
	on line 2a of Form 5500 or 5500-EZ		D Employer identi	
NEVADA K, LLC	A(11/0 21 0) (01111 0100 01 0100 1	·		20-2378534
E Type of plan: (1) Multiempic	yer (2) X Single-employer (3)	Multiple-employer	F X 100 or fewer c	participante in prior plan year
	(To be completed by all plans)			
1a Enter the actuarial valuation da		Day 01 Ye	ar 2006	
b Assets:				
	. 4		b(1)	424095
	r funding standard account			424095
	using immediate gain methods			
(2) Information for plans using	•			, , , , , , , , , , , , , , , , , , ,
• • • • • • • • • • • • • • • • • • • •	methods with bases		c(2)(a)	
	r entry age normal method			817987
	try age normal method			93789
Stalement by Enrolled Actuary (se				
	Signature of actuary			Date
PAUL S. POLAPINK	on the contract of the contrac		G Ó	05-00933
	Type or print name of actuary		<u></u>	lost recent enrollment number
PRB ADMININISTRATORS				310-551-3125
	Firm name		Telephone r	number (Including area code)
1925 CENTURY PARK E.				
LOS ANGELES	CA	90067-0000		
	Address of the firm			
if the actuary has not fully reflected	any regulation or ruling promulgated und	er the statute in comple	ting this schedule.	
	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
For Paperwork Reduction Act Not	ice and OMB Control Numbers.	V8.0		Schedule B (Form 5500) 2006
see the Instructions for Form 550				
WHILE WARD, DESIGNATION WE CHESTOP WATER IN			li)	
	化物质核质的 的 网络拉萨斯			
		公共 1460万	li	
国 医复数医发生性				
	3415441546544644474744454464			
			,	
	1867862861862862366486386		i	
bemeiter des f meis meiser mehr wenn int. e wint	n'i Mai ten di districti di de l'escritori de l'esc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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		22	B	



	Sobedul	e B (Form 6500) 200	16					Page	2.			
	0011000	5 5 V 6411 V5 65 7 15 5					,		=	Off	icial Usa Only	
(1) A	mount ex	current Habilities of t cluded from current rdomation:		able to pre-partk	cipatio	n service (see	Instruci	ions)	d(1)	-		0
, (a	a) Curre	nt Hability	******						d(2)(a)		4278	80
, (b) Expec	ited increase in our	ent liability due t	to benefits accru	ing du	ring the plant	year		d(2)(b)		2138	34
	-	nt liability computed							d(2)(c)			
(d	d) Exped	ted release from "Ri	A '94" current	lability for the ph	an yea				d(2)(d)			
(3) E	xpected	alnemeaudalb nalc	ior the plan yea	<u>r </u>					d(3)			<u> </u>
•		ormation as of begin of the assets (see ins	-	•					2a		4240	95
b TRPA		•				(1) No. of Pe			sted Benef	its (3) Total Benelita	***************************************
		participants and be	neficiaries recei	ving payments .			0			Ō		0
		ated vested participa					0 .			0		0
(3) Fc	or active	participants	********		′		2		427	880	4278	80
						,	2		427	880	4278	80
		je resulting from divi								20		
		e							**** 1 4			70
(a) Month-Da	,	(b) Amount paid by employer	/ Amc	(c) ount paid by mployees	1	(a) th-Day-Year	A	(b) mount pa employa	id by	Amo	(c) unt paid by nployees	
09/12,	/2007	209	894									
~		-									·	
							S101 (135)					
-				3	To	tals 🕨 (b)			209894	(C)		()
a Plans year (s	other tha	buttons and liquidity n multiemployer plan actions).	ns, enter funde	· · · · · · · · · · · · · · · · · ·		******				48	101.0	%
er mine	46 19 IBS	than 100%, see ins	77-300-71			The second second second second				· · · · · · · · · · · · · · · · · · ·		
	(1)	402	(2)	ty shortfall as of	eua or	Quarter of the	X			(4)	Alla	
The state of the s	<u>U</u>	181	(4)	2nd		(3)	9rd			(4)	4th	
	;							V9.0				



	Schedule B (Form 5500) 20)06		Page 3		Official Use O	nly
a	Actuarial cost method used as the	a back for this plan year's funding				-, ,	······································
4	Attained age normal	b Entry age normal	C [] Accrued	benefit (unit d	credit)		
d	Aggregate	e 🗌 Frozen initial liability	f [] Individu	al level premiu	TLU)		
3	X Individual accrecate	h Cther (energy)		•			
	individual aggregate Has a change been made in fund	ling method for this plan year?			******	Yes	X No
	If line i is "Yee," was the change n						— []
	If line I is "Yes," and line J is "No"	nade pulsation in Heveniue Proces enter the date of the ruling letter ()	aure 2000-407, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * *	********	Yes	∐ No
	class) approving the change in fu				Dav	Year	
_	Checklist of certain actuarial assu	mptiona:					
	Interest rate for "RPA '94" ourrent	Hability		6a		5.19 %	N/A
,	Tatalahand average valleyers a				and the state of the state of	المعقدية بعار المعاد	I-3
	Weighted average retirement age		Pre-retirement	6b	D	65	N/A
	Rates specified in Insurance or an	nulty contracts N/A BC	Yes X	No IT	Post-retire Yes	ment X No	[] N/
	Mortality table code for valuation p				100		
	(1) Males		0	9	eranistika et kalen tükk	e salahadan sebestian Retirebaha diada	
	(2) Females		0	9			
	Valuation liability interest rate		5.00	%		5.50 %	ווא 🛮 אוא
	Expense loading			%		%	図 N//
	Annual withdrawal rates:		Male Male	Date	Female) 	
	(1) Age 25	g(1)	Cose Branch	Ente % U		0.00 %	
	(2) Age 40		U 0.00	% U		0.00 %	
	(3) Age 55		Ü 0.00	% U	······································	0.00 %	
	Salary scale			%		%	X N/A
	Estimated investment return on ac			61		0.0 %	_
-	Estimated Investment return on ou		ng on the valuation date	6)		0.0 %	
	New amortization bases established (1) Type of Base	ed in the current plan year: (2) Initial Salance		(0)	tura uliundan e	The same Affice Affi	
	(1) (The my makes	(+) umor estibility	7	(2) \	ALIMOTES SHOTE C	Charge/Credit	
	The section of the se		A STATE OF THE PARTY OF THE PAR	***************************************	······································		
		,					
	1914 - 19			<u> </u>			
•	The state of the s		·	anzm. veza ji i	····		
,	Miscelleague information						
	Miscellaneous information:	or an extension of an amortizatio	n parlord has been anomalo	el for this rise	unor order th		
	Miscellersous information: If a waiver of a funding deficiency date of the ruling letter granting the	or an extension of an amortizatio	n period has been approve	d for this plan Month	year, enter th	le Year	

l					
	Schedule 8 (Form 5500) 2006		Page 4	<u> </u>	
AL.		·····			Official Use Only .
8b	if one or more atternative methods or rules (as listed in the instructions) were	used for	this plan year, enter the a	ppropriate	
_	code in accordance with the instructions		teme many a second		["].4 E3]
¢	is the plan required to provide a Schedule of Active Participant Data? (see in	etructions) It "Yes," ettach schedule	******	. Yes 🗓 No
9	Funding standard account statement for this plan year:	\$300		15 183	
•	Charges to funding standard account:				
a	Prior year funding deficiency, if any			9a	0
b	Employer's normal cost for plan year as of valuation date				198952
C	Amortization charges as of valuation date:		utstanding Balance		17474
	(1) All bases except funding weivers	<u>▶ /\$</u>	0)	c (1)	0
	(2) Funding weivers		0)	c(2)	0
d	Interest se applicable on lines 9a, 9b, and 9c			9d	10942
e	Additional interest charge due to late quarterly contributions, it applicable			9e	
f	Adjusted additional funding charge from Part II, line 12q, if applicable				
g	Total charges. Add lines 9a through 9f		· · · · · · · · · · · · · · · · · · ·	9g	209894
-	Credits to funding standard account:	•			
h	Prior year credit balance, if any			9h	0
1	Employer contributions. Total from column (b) of line 3				209894
		_		650,000 650,000	
J	Amortization credits as of valuation date	> (\$	0 1	9	0
k	Interest as applicable to end of plan year on lines 9h, 9l, and 9j			9k	· 0
ł	Full funding limitation (FFL) and credits				······································
	(1) ERISA FFL (accrued liability FFL)	1(1)	514503		
	(2) "RPA '94" override (90% current liability FFL)	l(2)	160097		
	(3) FFL credit				0
m	(1) Walved funding deficiency				0
	(2) Other credits				0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)				209894
0	Credit balance: If line 9n is greater than line 9g, enter the difference				0.
р	Funding deficiency: If line 9g is greater than line 9n, enter the difference. \dots	*****		9p	0
	Reconciliation account:			1. 42.17	•
q	7	1	1		
	(1) Due to additional funding charges as of the beginning of the plan year	q(1)			
	(2) Due to additional interest charges as of the beginning of the plan year	q(2)	. 0	-300	
	(3) Due to walved funding deficiencies:				
	(a) Reconciliation outstanding balance as of valuation date		0	- 1	
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)				•
10	(4) Total as of valuation date		· · · · · · · · · · · · · · · · · · ·	[Q(4)]	0
ĮŲ	Contribution necessary to avoid an accumulated funding deficiency. Enter the	e emount	ın ımə 9p		
	or the constant reduced mines are anequative intention standard account is sob	ROADIO		1101	<u> </u>
11	Has a change been made in the actuarial assumptions for the current plan ye	unio it me.			M
•••	Trees at chearings been requested the administration and ordered plant year	SENT IT "YES	s," see instructions	• • • • • • • • • • • • • • • • • • • •	. Yes X No
	期待 建铁铁 化克利克斯 机聚基系数 经存在 网络克朗斯斯 电流转光线波光 医多头性细胞 人名 斯克克 电电路	<u> </u>	0,89		
	《图1000年》 				
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		湖北北區	K III		•
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-	ann ann a' ann a' air is ann a' mai is thùmair is b. Lais aithe, mhù. L. Lais bai, Mhòis beil (1994) (1995) (1995) (1995) (1995)	ar im Albigi	HR 1881		
	0 0 0 0 0	۵			
	. I I S C C C C 3) #Win wo			
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		. # # I I I I I I			

ACTUARIAL REPORT

Schedule B Attachment for Items 5 & 6

EIN: <u>20-2378534</u>

Plan: Nevada K, LLC Defined Benefit Pension Plan

RESULTS OF ACTUARIAL VALUATION AND ACTUARIAL CERTIFICATION

This Actuarial Valuation Report covers the Plan Year which ended <u>December 31, 2006</u>.

An actuarial valuation of the above pension plan has been completed based on the assumption that the financial and employee census data provided by the Plan Administrator are complete and accurate and also based on the actuarial funding method, assumptions and other data set forth in this report.

This report contains exhibits of descriptive material concerning plan provisions, funding methods and assumptions, and other pertinent factors underlying the determination of contribution levels and plan liabilities as well as exhibits of the various actuarial computations made in support of the determination of the contributions. An actual copy of IRS Form 5500 Schedule B is included in this Report.

In my opinion, the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

Name: Paul S. Polapink
Enrollment Number: 05-00933
Address: PRB Administrators, Inc.
1925 Century Park East, 4 th Floor
Los Angeles, California 90067

Date Prepared: Oct. 6, 2007

Nevada K, LLC Nevada K, LLC Defined Benefit Pension Plan Plan Specifications Report Valuation as of 01/01/2006 for the Plan Year Ending 12/31/2006

Employer and Plan Data	•
Initial effective date	01/01/2004
Plan year begins	01/01/2006
Plan year ends	12/31/2006
Valuation date	91/01/2006
Eligibility Requirements	
Waiting period (mos)	. 12
Minimum age	21
Minimum age (mos)	0
Normal Retirement	
Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	Date of event

Benefits

Pension Formula:

Benefit A

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2004

Unit type:

Percent

Unit based on:

Participation 0.00%

Maximum total percent:

Tiers based on; First tier:

None

Second tier:

10.00%

None

for 1st None for next None

Third tier:

None

for remaining yrs

Maximum credit:

Past years:

99

Future years:

99

Total years:

99

Vesting

Primary Vesting Schedule

Secondary Vesting Schedule

2/20

NA

Actuarial Assumptions

Interest

Pre-retirement

5.50%

Post-retirement

5.50%

Mortality & Setbacks

None 0 Male Female None 0 94 GAR 0 94 GAR 0

Salary Scale

Male 0.00% Funding Method

Female 0.00%

Individual aggregate Level percent of compensation

Withdrawal

Malo None Female None Form of Annuity

Life only COLA 0,00%

08/30/2007

Nevada K, LLC Nevada K, LLC Defined Benefit Pension Plan Plan Specifications - Actuarial Equivalent & Social Security Report Valuation as of 01/01/2006 for the Plan Year Ending 12/31/2006

Actuarial equivalent floor Basis for PVAB:

Greater of applicable or AE

Benefit Options Postponed benefits & 415 limits include mortality: No

As of:

Beginning of year

Benefit suspension notice was given to actives

PBGC used: Applicable Mortality: None 94 GAR

past normal retirement: Νo Early retirement benefit available as lump sum:

Stability period:

Plan year

Lookback months: Applicable interest:

4.65% Applicable rate override: 0,00% Projected applicable rate: 0.00%

Assumptions

PBGC premium: RPA limited to:	4.86% 90.00%	RPA:	RPA mortality Active male: Active female: Disabled male:	1983 Group Annuity (Male) 1983 Group Annuity (Female)
Pre-Retirement:		5.19%		None
Override:	•	0.00%	Disabled female:	None
Post-Retirement:		5,19%		
Override:		0.00%	Expected distributions	
High:	•	5.77%	(assumed midyear):	\$ 0
Override:		0.00%	(**

<u>Social Security</u> Growth rate future salary	Pension funding	Benefit statement
Maie:	. 0.00%	0,00%
Female:	0.00%	0.00%
Growth rate average earnings index:	0.00%	0.00%
Taxable wage base increase:	0.00%	0.00%
CPI rate:	0.00%	0.00%
Index year (if frozen):	None	0
PIA year (if frozen):	None	Ō
Use historical compensation:	Yes	Yes
Estimate of prior salary:	Salary/average earnings	Salary/average earnings
Fixed growth rate:		,
Earnings for retirees <65:	Level	Level
Earnings for terminees:	Level	Level

Nevada K, LLC Nevada K, LLC Defined Benefit Pension Plan Plan Specifications - Settlement Options Valuation as of 01/01/2006 for the Plan Year Ending 12/31/2006

Settlement Options

Form of Annuity	Years Certain	Joint %	COLA	<u>Availability</u>
Life Only	0	0,00%	0.00%	Normal, Termination
Joint and Survivor		50,00%	0.00%	Normal, Termination

Form 5500

Department of the Treasury Internal Revenue Service

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2040

Department of Labor Employee Benefits Security Administration The instructions to the Form 5500.							
Pensk	n Benefit Guaranty Corporation				This Form is Open to Pa inspection	ublic	
Part I	Annual Report Idea	ntification Information					
For cale	ndar plan year 2010 or fiscal			and ending 12/31/	2007		
A This :	eturn/report is for:	☐ a multiemployer plan;	∐ a multiple-	employer plan; or			
		x a single-employer plan;	a DFE (sp	ecify)			
B This :	eturn/report is:	the first return/report;	the final re	turn/report;			
		x an amended return/report;	a short pla	n year return/report (less t	han 12 months).		
C If the	plan is a collectively-bargain						
D Chec	k box if filing under:	Form 5558;	automatic	extension;	the DFVC program;		
		special extension (enter des	cription)				
Part	Basic Plan Inform	mation—enter all requested informa	etion		a Description and the second s		
1a Nam	e of plan				1b Three-digit plan number (PN) >	001	
NEVAD	NK, LLC DEFINED BENEFIT	1c Effective date of p	lan				
					01/01/2004		
(Add	sponsor's name and addres ress should include room or a AKULC	2b Employer Identification Number (EIN) 20-2378534					
NEVADA K, LLC					2C Sponsor's telephone number 702-303-6363		
9517 CAMINO CAPISTRANO LANE LAS VEGAS NV 89147				2d Business code (se instructions) 531390	е		
Caution	A penalty for the late or in	ncomplete filing of this return/repo	rt will be assessed u	niess reasonable cause i	is established.		
Under pe statemer	enalties of perjury and other parts and attachments, as well	penalties set forth in the instructions, as the electronic version of this return	I declare that I have e n/report, and to the be	xamined this return/report, at of my knowledge and be	including accompanying sche elief, it is true, correct, and cor	edules, nplete.	
	· · · · · · · · · · · · · · · · · · ·	- Aberios-vicaminimum					
SIGN HERE				SIMON K. SHAKIB			
FIERE	Signature of plan adminis	strator	Date	Enter name of individual s	signing as plan administrator		
SIGN HERE							
THERE	Signature of employer/pla	an sponsor	Date	Enter name of individual	signing as employer or plan sp	onsor	
SIGN							
HERE							
L	Signature of DFE		Date	Enter name of individual:	signing as DFE		

Date For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

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	τ-ομή δομό (ζότό)	Pag	je 4	<u> </u>		
	Plan administrator's name and address (if same as plan sponsor, enter "San ME	ne")			20- 3c Ad nt	Iministrator's EIN -2378534 Iministrator's telephone Imber 2-303-6363
4	If the name and/or EIN of the plan sponsor has changed since the last return	/report filed for	thi	s plan, enter the name, EIN	and	4b EIN
а	the plan number from the last return/report: Sponsor's name					
a	Sporisor's name					4c PN
5	Total number of participants at the beginning of the plan year		_		5	2
6	Number of participants as of the end of the plan year (welfare plans complete	3				
	, , , , , , , , , , , , , , , , , , , ,	,,,,	,	,,,,		
а	Active participants	***************************************	••••	***************************************	6a	3
b	Retired or separated participants receiving benefits	6b	c			
					<u>un</u>	
C	Other retired or separated participants entitled to future benefits	******************************			6c	C
d	Subtotal. Add lines 6a, 6b, and 6c	6d	3			
				Г	<u> </u>	
e	Deceased participants whose beneficiaries are receiving or are entitled to rec	6e	E			
f	Total. Add lines 6d and 6e	6f	2			
		<u> </u>				
g	Number of participants with account balances as of the end of the plan year (complete this item)	6g				
				Γ	<u>ug</u>	
h	Number of participants that terminated employment during the plan year with less than 100% vested	accrued benef	its 1	lhat were	e la	_
7	Enter the total number of employers obligated to contribute to the plan (only	multiemplover i	olar	os complete this item)	6h 7	<u>C</u>
8a	If the plan provides pension benefits, enter the applicable pension feature coo					netructions:
	1A 1G 3D	THE PARTY OF THE P		Than ofference of occas	iii tiic ii	isquellens.
h 14						
ון כנו	the plan provides welfare benefits, enter the applicable welfare feature codes	from the List o	fΡ	lan Characteristic Codes in f	the inst	ructions:
9a	Plan funding arrangement (check all that apply)	9b Plan beni	efir	arrangement (check all that	apply\	
	(1) Insurance	(1)	Ï	Insurance	. ոհեմ,	
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) in	isuranç	e contracts
	(3) X Trust	(3)	M	Trust		
10	(4) General assets of the sponsor	(4)	Ц	General assets of the spo		·
	Check all applicable boxes in 10a and 10b to indicate which schedules are at	itached, and, wi	nen	a indicated, enter the number	er attacl	hed. (See instructions)
	Pension Schedules	b General	Sc	hedules		
	(1) X R (Retirement Plan Information) (2) MR (Multiamplever Defined Report Plan and Contain Manager	(1)		H (Financial Informa	,	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2)	X	i (Financial Informa		Small Plan)
	actuary	(3) (4)	H	A (insurance inform C (Service Provider	•	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(4) (5)	Н	D (DFE/Participating		* * *
	Information) - signed by the plan actuary	(6)	H	G (Financial Transa	_	•

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

Ettibloyee Detions occurs Manufagures	File as an attachmen	▶ File as an attachment to Form 5500.					
Pension Benefit Guaranty Corporation	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·					
For calendar plan year 2010 or fiscal pla	n year beginning 01/01/2007	and ending 12	2/31/2007				
A Name of plan NEVADA K, LLC DEFINED BENEFIT PE	INSION PLAN	B Three-digit plan number (PN)	D 001				
C Plan sponsor's name as shown on lin NEVADA K, LLC	e 2a of Form 5500	D Employer Identification 20-2378534	on Number (EIN)				

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	640019	659311
b	Total plan liabilities	1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	640019	659311
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)	0	
	(3) Others (including rollovers)	2a(3)	19292	
b	Noncash contributions.	2 b	O	
C	Other income	2c	0	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		19292
e	Benefits paid (including direct rollovers)	. 2e	0	
f	Corrective distributions (see Instructions)	2 f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions).	2h	0	
į	Other expenses	2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2l)	. 2j		0
k	Net Income (loss) (subtract line 2j from line 2d)	2k		19292
	Transfers to (from) the plan (see instructions)	21		0

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		Х	***
c	Real estate (other than employer real property)			Х	
d	Employer securities	3d		Х	
е	Participant loans			Х	

•	Schedule I (Form 5500) 2010 Page 2-	<u> </u>				
	Golledder (Form 3300) 2010 Fage 2-	<u> </u>				
			Yes	No		Amount
3f	Loans (other than to participants)	3f		Х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
g	Tangible personal property	3g		x		
		 -				
P	art II Compliance Questions		.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		anna da si anna an dh'a dh'a dh'a dh'a dh'a dh'a dh'a dh'a
4	During the plan year:	· · · · · · · · · · · · · · · · · · ·	Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully	4-		x		
b	corrected. (See instructions and DOL's Voluntary Flduclary Correction Program.)		 -	 ^ -		
	year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.			х		
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		х		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		х		
G	Was the plan covered by a fidelity bond?	4e		Х		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused I fraud or dishonesty?	ру		×		
g	Did the plan hold any assets whose current value was neither readily determinable on an establis market nor set by an independent third party appraiser?			×		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on established market nor set by an independent third party appraiser?			×		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, pa of real estate, or partnership/joint venture interest?			х		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another por brought under the control of the PBGC?			х		
k	Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? If "No," attach an IQPA's report or 2520,104-50 statement, (See instructions on waiver eligibility and conditions.)	4k	×			
1	Has the plan falled to provide any benefit when due under the plan?			Х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	ha	х		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	of		х		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year if "Yes," enter the amount of any plan assets that reverted to the employer this year		es XI	No A	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s transferred. (See instructions.)	i), identify	th e plar	ı(s) to w	rhich assets (or liabilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)
						
·						
			-			

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

		6058(a) of the Internal Revenue C	ode (the Code).								
Employee Benefits Security Administration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation						Form is Open to Public Inspection.					
For	calendar plan year 2010 or fiscal plan	year beginning 01/01/2007	and endir	ng 12	/31/2007						
	lame of plan		В	.0		T					
	ADA K, LLC DEFINED BENEFIT PE	NSION PLAN	-		umber		001				
				(PN)	•						
C F	lan sponsor's name as shown on line	2a of Form 5500	D	Employ	er Identific	ation Numb	er (EIN	1)			
NEV.	ADA K, LLC			_			`	•			
				20-2	378534						
Pa	rt I Distributions										
		nly to payments of benefits during the plan y	ear.		• • • • • • •						
1	Total value of distributions paid in pa	roperty other than in cash or the forms of properl	y specified in the								
					1						
2		id benefits on behalf of the plan to participants or	beneficlaries during t	he year (i	f more than	1 two, enter	r EINs o	f the	two		
	payors who paid the greatest dollar	amounts of benefits):									
	EIN(s):	44.50 to the state of the state			_						
	Profit-sharing plans, ESOPs, and	stock bonus plans, skip line 3.									
3	Number of participants (living or dec	ceased) whose benefits were distributed in a sing	le sum, during the pla	ın 🗆							
-		The second of th			3				0		
P	art II Funding Information ERISA section 302, skip the	n (If the plan is not subject to the minimum fundi	ng requirements of se	ction of 4	12 of the Ir	iternal Rev	enue Co	ode o	r		
4		ection under Code section 412(d)(2) or ERISA section	on 302(d)/2\2		Yes		No	П	N/A		
•	If the plan is a defined benefit pla		on ooz(a)(z) (********	Ц	لسا		1_			
_	•	•									
5	plan year, see instructions and ente	standard for a prior year is being amortized in this r the date of the ruling letter granting the waiver.	Date: Month _				Year				
	If you completed line 5, complete	lines 3, 9, and 10 of Schedule MB and do not	complete the remain	nder o <u>f th</u>	is schedu	le.			-		
6	a Enter the minimum required con	tribution for this plan year			6a						
	b Enter the amount contributed by	the employer to the plan for this plan year	·	,,,,,,,,,,	6b						
		om the amount in line 6a. Enter the result a negative amount)			6c						
	If you completed line 6c, skip line	- ,		L	UC						
7			2		r			-			
1	will the mannum funding amount re	ported on line 6c be met by the funding deadline	ſ	** *****	Yes		No	X	N/A		
8	If a shappa in actuadal cost mathed	was made for this plan was assessed to	ua nanadum massissis						——		
Ü		was made for this plan year pursuant to a reven or a class ruling letter, does the plan sponsor or p						,			
		The state of the s			Yes		No	X	N/A		
P≈	art III Amendments		, , , , , , , , , , , , , , , , , , ,			······································					
								 			
9		lan, were any amendments adopted during this per salue of benefits? If yes, check the appropriate									
		warde of bottomore if you, check the appropriate			Decrease	Bot	th	X	10		
Pa		tions). If this is not a plan described under Section) of the In	ternal Rev	enue Code	,				
10		es or proceeds from the sale of unallocated secu	rities used to repay as	ny ayamn	l loan?	Γ	Yes	П	No		
11		erred stock?					Yes		No		
• •							es		140		
	b If the ESOP has an outstandin (See instructions for definition	g exempt loan with the employer as lender, is su of "back-to-back" loan.)	cn loan part of a "back	K-TO-DACK	ioan?		Yes		No		
12	Does the ESOP hold any stock that	is not readily tradable on an established securiti	es market?				Yes		No		

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Schedule R (Form 5500) 2010 Part V Additional Information for Multiemployer Defined Benefit Pension Plans Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer b EIN Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box d and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete Items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify): Name of contributing employer b Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box d and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box \int and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) (1) Weekly (2)Base unit measure: Hourly Unit of production Other (specify): Name of contributing employer b EIN C Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _ Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly (2)Weekly Unit of production Other (specify): Name of contributing employer b EIN Dollar amount contributed by employer d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _ Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Weekly (2)Base unit measure: | Hourty Unit of production Other (specify): Name of contributing employer b EIN C Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1)Contribution rate (in dollars and cents) Base unit measure: Weekly Hourly Unit of production Other (specify): Name of contributing employer b EIN Dollar amount contributed by employer Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete Items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: | Hourly Weekly Unit of production Other (specify):

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	Schedule R (Form 5500) 2010 Page 3		
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the	
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	11
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, ch supplemental information to be included as an attachment.	,,,,,,,,,	
	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole cand beneficiaries under two or more pension plans as of immediately before such plan year, check box and see information to be included as an attachment	or in pari	t) of liabilities to such participants
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years		·
	Effective duration Macaulay duration Modified duration Other (specify):		

SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the internal Revenue Code, referred to as the Code.

Official Use Only

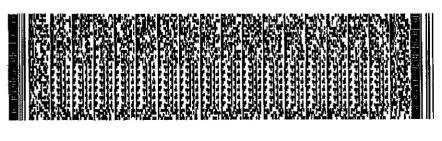
OMB No. 1210-0110

2007

This Form is Open to Public

Administration Pension Bane ils Guaranty Corporation		90 or 5500–EZ if applica grate instructions.	ple	Inspection (except when attached to Form 5500-EZ).
For calendar plan year 2007 or fiscal			and ending	4
► Round off amounts to nearest o	······································	······································		
7,1,1,1,1,1	be assessed for late filing of this report	uniess reasonable cause	is established.	
A Name of plan	Sa management on visit Mills as discussion	,	B Three-digit	1.
	BENEFIT PENSION PLAN		plan number	001
C Plan sponsor's name as shown of			D Employer identific	
NEVADA K, LLC			D Barriero y Co Constantin	20-2378534
E Type of plan: (1) Multilemple	yer (2) X Single-employer (3)	Multiple-employer	F X 100 or fewer pe	utlelpants in prior plan year
	(To be completed by all plans)	Littorable ourbiodes 1	1 100 of 10110; pt	3444 P. 1444 P
a Enter the actuarial valuation da		Day 01. Ye	er 2007	
b Assets:	10(0)(11)	Marie and the second se		
			b(1)	64001
	r funding standard account			64001
	ising immediate gain methods			
(2) Information for plans using		**********		
· · · -	nethods with bases		c(2)(a)	
	entry age normal method			43686
				4259
(c) Normal cost under en Statement by Enrolled Actuary (se	try age normal method	************	[6,2,6]	4000
THE (Solin (S)	lace		<u> 10·</u>	6 · 2008
ROBIN READ	Signature of actuary		G	Date 08-03782
	ype or print name of actuary			ost recent enrollment numbe
PRB ADMININISTRATORS				818-735-4900
	Firm nàme		Telephone nu	imber (including area code)
28025 DOROTHY DRIVE,				
AGOURA HILLS	CA	91301-263B		
	Address of the firm			
if the actuery has not fully reflected o	any regulation or ruling promulgated un	der the statute in comple	ting this schedule.	Andrea Jesti Abitatata
For Paperwork Reduction Act Noti		v10.1		Schedule B (Form 5500) 20
see the instructions for Form 5500		, , .		•
	5. ** ** ** ** ** ** ** ** ** ** ** ** **	12 P. 2 2 2 1 1 2 3		
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	Schedul	e B (Form 5500)	2007					Page 2	<u></u>	Offi	let Use Only	
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Mo	(a) Amount pa Month-Day-Year employ		d by	(c) Amount paid employees	iov	(a) Amount		(b) nount paid by employer	ounit éaid by		(c) Amount paid by employees	
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					3 To	tals 🕨 (b)			0 (c)	- 104 mm	aniense se anne se ince	0
	Plans other that year (see instr.	uctions),	plans, ent	er funded current		*********		******	4a		99.1	%
				i.lquidity shortie	il as of end o		plan y	ear				
	(1)	ist		(2) 2nd		(3)	3rd			(4)	4th	





d age normal ate ual aggregate nge been made in fundi Yes," was the change m Yes," and line j is "No" e roving the change in fundi to certain actuarial assum to for "RPA '94" current il average relirement age	basis for this plan year's fi b	ar?	ure 2000-4 ndividual or	f Accrued	benefit al level ((unit credit) premium		X No
d age normal ate ual aggregate nge been made in fundi Yes," was the change m Yes," and line j is "No" e roving the change in fundi to certain actuarial assum to for "RPA '94" current il average relirement age	b Entry age normal e Frozen Initial llab h Other (specify) in the mathod for this plan year ade pursuant to Revenue and the date of the ruling liding method	ar?	ure 2000-4 ndividual or	f Accrued	benefit al level (premium		
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nge been made in fundinge me yes," was the change me Yes," and line j is "No" e roving the change in funding the certain actuarial assume for "RPA '94" current il average relirement age.	h [] Other (specify) has method for this plan yes ade pursuant to Revenue attention the date of the ruling liding method	ar? Proced letter (in	ure 2000-4 ndividual or					
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Yes," and line j is "No" e roving the change in fun of certain actuarial assun te for "RPA '94" cument il average relirement age .	nter the date of the ruling I ding method	letter (ir	ndividual or			******	Yes	JT1
of certain actuarial assun te for "RPA '94" current il average relirement age .	ability						had	∐No
te for "RPA '84" current il average relirement age .	ability			Month	Extraction.	Day	Yes	n.
average relirement age .	•				6a		5.78	% ∏ N/A

160 a 5 ta 1 ta 2	********				6b		66	N/A
				e-retirement			t-retirement	
ided in insurance or ann ble code for valuation pa	uity contracts N/A	5C	Yes	X I	No Mark	Yes	X No	□ N/A
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ading	🛛 N/A	61			%	77-40/77		% X N//
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	Schedule B (Form 6500) 2007	Page 4	Official Use (>nty
8b	If one or more alternative methods or rules (as listed in the instructions) were	e used for this plan year, enter the a	ppropriate	
	code in accordance with the instructions		F=-1	
	te the plan required to provide a Schedule of Active Participant Data? (see In	nstructions) if "Yes," attach schedule	Yes	X No
9	Funding standard account statement for this plan year:		70.00	****
	Charges to funding standard account:			
a	Prior year funding deficiency, if any	*************	9a	0
b	Employer's normal cost for plan year as of valuation date	*************	9b	0
C	Amortization charges as of valuation date:	Outstanding Dalaman		***************************************
	(1) All bases except funding weivers	▶ (\$ 0)	o(1)	0
	(2) randing wavers	▶ (\$ 0 }	c(2)	0
a	Interest as applicable on lines 9a, 9b, and 9c	* * * * * * * * * * * * * * * * * * * *	9d	0
0	Additional interest charge due to late quarterly contributions, if applicable	************	9e	0
Ŧ	Adjusted additional funding charge from Part II, and 12q, if applicable		91	
g	Total charges. Add lines 9a through 9f	*	9g	0
	Credits to funding standard account:		(A) (A)	
h	Prior year credit balance, if any,,	*************	9h	0
ı	Employer contributions. Total from column (b) of line 3.		91	0
		Outstanding Balance	a na	
j	Amortization credits as of valuation date	► (\$O)	9]	0
K	interest as applicable to end of plan year on lines 9h, 9i, and 9j	***********	9k	0
ł	Full funding limitation (FFL) and credits			*****
	(1) ERISA FFL (accrued liability FFL).	1(1)		
	(1) ERISA FFL (accrued liability FFL). (2) "RPA '94" override (90% current flability FFL),	!(2) 0		
	(3) FFL credit	***************	i(3)	0
m	(1) Waived funding deficiency		m(1)	0
	(2) Other credits		m(2)	0
	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	***********	9n	0
0	Credit balance: If line 9n is greater than line 9g, enter the difference		90	0
þ	Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p	0
	Reconciliation account:			
ą	Current year's accumulated reconciliation account:	1		
	(1) Due to additional funding charges as of the beginning of the plan year	g(1) 0		
	(2) Due to additional interest charges as of the beginning of the plan year	q(2) 0		
	(3) Due to waived funding deficiencles:	11		
	(a) Reconciliation outstanding balance as of valuation date	q(3)(a) 0		
	(b) Reconcillation amount, Line 9c(2) balance minus line 9q(3)(a)	(d(3)(b)) 0		
10	(4) Total as of valuation date		q(4)	0
IV	Contribution necessary to avoid an accumulated funding deficiency. Enter the	e amount in line 9p		
	or the amount required under the alternative funding standard account if app	licable	10	0
44	Line o change been seed to the country of the seed	•	r~a	P==1
-	Has a change been made in the actuarial assumptions for the current plan ye	er? If "Yes," see instructions	Yes	No
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ACTUARIAL REPORT

Schedule B Attachment for Items 5 & 6

EIN: 20-2378534

Plan: Nevada K, LLC Defined Benefit Pension Plan

RESULTS OF ACTUARIAL VALUATION AND ACTUARIAL CERTIFICATION

This Actuarial Valuation Report covers the Plan Year, which ended <u>December 31, 2007</u>.

An actuarial valuation of the above pension plan has been completed based on the assumption that the financial and employee census data provided by the Plan Administrator are complete and accurate and also based on the actuarial funding method, assumptions and other data set forth in this report.

This report contains exhibits of descriptive material concerning plan provisions, funding methods and assumptions, and other pertinent factors underlying the determination of contribution levels and plan liabilities as well as exhibits of the various actuarial computations made in support of the determination of the contributions. An actual copy of IRS Form 5500 Schedule B is included in this Report.

In my opinion, the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

Name: Robin Read
Enrollment Number: <u>08-03782</u>
Address: PRB Administrators, Inc.
28025 Dorothy Drive, Suite 102
Agoura Hills, California 91301

Date Prepared: 10 -10-2008

TF08/0407 1/5

Nevada K, LLC Nevada K, LLC Defined Benefit Pension Plan Plan Specifications Report Valuation as of 01/01/2007 for the Plan Year Ending 12/31/2007

Employer and Plan Data	
Initial effective date	01/01/2004
Plan year begins	01/01/2007
Plan year ends	12/31/2007
Valuation date	01/01/2007
Eligibility Requirements	
Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0
Normal Retirement	•
Minimum age	65
Minimum years of service	0

Benefits

Pension Formula:

Minimum years of participation

Benefit A

Type of Formula:

Retirement date

Unit benefit non-integrated

Effective Date:

01/01/2004

Unit type:

Percent

Unit based on:

Participation

Maximum total percent:

0.00% None

Tiers based on:

10.00%

First tier:

for 1st None None for next None

Second tier: Third tier:

None

for remaining yrs

Maximum credit:

Past years:

99

Future years:

99

Total years:

99

Vesting

Primary

Secondary

5

Date of event

Vesting Schedule

Vesting Schedule

2/20

N/A

Actuarial Assumptions

Pre-retirement Interest 5.50%

None 0

Post-retirement

5.50%

Mortality & Setbacks

Female

Male None 0

94 GAR 0

94 GAR 0

Salary Scale

Funding Method

Male 0.00%

Individual aggregate

Female 0.00% Level percent of compensation

Withdrawal

Form of Annuity

Male None Life only

COLA 0.00%

Female None

10/06/2008

Nevada K, LLC Nevada K, LLC Defined Benefit Pension Plan Plan Specifications - Actuarial Equivalent & Social Security Report Valuation as of 01/01/2007 for the Plan Year Ending 12/31/2007

Actuarial equivalent floor	
Basis for PVAB:	

Greater of applicable or AE

Beginning of year

Postponed benefits & 415 limits include mortality: No Benefit suspension notice was given to actives

Benefit Options

As of: PBGC used:

None 94 GAR past normal retirement: No Early retirement benefit available as lump sum: No

Applicable Mortality: Stability period:

Lookback months:

Plan year 1

Applicable interest: 4.68% Applicable rate override: 0.00% Projected applicable rate: 0.00%

Assumptions

PBGC premium: RPA limited to:	5.75% 90.00%	RPA:	RPA mortality Active male: Active female: Disabled male:	2007 Male Comb 2007 Female Comb None
Pre-Retirement:		5,20%	** ** ** *** ****	
Override:		5.78%	Disabled female:	None
Post-Retirement:		5.20%		
Override:		5.78%	Expected distributions	
High:		5.78%	(assumed midyear):	\$ 0
Override:		0.00%		

Soc	l ei:	Sec	elkr	itu
uu	-101	00	Luc	ELY

Social Security	Pension funding	Benefit statement
Growth rate future salary		
Male:	0.00%	0.00%
Female:	0.00%	0.00%
Growth rate average earnings index:	0.00%	0.00%
Taxable wage base increase:	0.00%	0.00%
CPI rate:	0.00%	0.00%
Index year (if frozen):	None	0
PIA year (if frozen):	None	0
Use historical compensation:	Yes	Yes
Estimate of prior salary:	Salary/average earnings	Salary/average earnings
Fixed growth rate:	•	• -
Larnings for retirees <65:	Level	Level
Earnings for terminees:	Level	Level

Nevada K, LLC Nevada K, LLC Defined Benefit Pension Plan Plan Specifications - Settlement Options Valuation as of 01/01/2007 for the Plan Year Ending 12/31/2007

Settlement Options

Form of Annuity	Years Certain	Joint %	COLA	Availability
Life Only	0	0.00%	0.00%	Normal, Termination
Life and Certain	10	0.00%	0.00%	Normal, Termination
Joint and Contingent	0	50.00%	0.00%	Normal, Termination
Lump Sum	0	0.00%	0.00%	Normal, Termination
Joint and Survivor	0	100.00%	0.00%	Normal, Termination

PLAN SPECIFICATIONS (continued)

Collective Bargaining Groups:	☐ Are	x Are not excluded under the eligibility provisions of this plan.		
Minimum Tefra Benefits:	☐Are Only Key e	x□Are not included in the plan cost. imployee covered		
Early Retirement Provisions:	x□N/A	☐Accrued Benefit fully vested		
	□Other:			
•				
Disability Provisions:	□n/a	x□Accrued Benefit fully vested		
	Other:			
Death Benefit:	x Present Value of Accrued Benefit			
	Combination of life insurance and investment fund			

The benefits listed above were recognized in this valuation. These benefits are described more fully in the plan and trust documents.

FUNDING METHODS AND ASSUMPTIONS

The funding method used is Individual Aggregate Funding. Under this funding method, the normal cost is the sum of individual normal costs for each participant for whom a normal cost is determined. The normal cost for a participant is (a) the present value of future benefits less allocated assets, divided by (b) a temporary annuity factor from attained age to the anticipated retirement age.

In the first year the method is used, adjusted assets are allocated on the basis of the present value of accrued benefits, the present value of future benefits, or the accrued liability under a funding method of the immediate gain type.

After the first year the method is used, adjusted assets are allocated in the proportion that the sum of the allocated assets plus calculated normal cost of the prior year for each participant for whom a normal cost is computed bears to the total for all such participants. Gains and losses are amortized over the future working lifetime of plan participants.

Benefit changes attributable to unanticipated salary changes are funded from the time of benefit change to normal retirement age by adjusting the individual's present value of future benefits.

FUNDING METHODS AND ASSUMPTIONS (continued)

Пx	Under the funding arrangement for this pension plan the plan benefits are provided by deposits to an investment fund.						
	pr٥١	ler the funding arrangement for this pension plan, a portion of the plan benefit is rided by the cash values of insurance policies and/or annuity contracts and the ence of the plan benefit is provided by deposits to an investment fund.					
		Benefits Provided by Trust & Whole Life/Annuity Products					
		The investment fund contribution will accumulate at the normal retirement dates to an amount which will be sufficient to provide the pension benefit when combined with the ultimate cash values of whole life insurance and/or annuity policies on the participants' lives. The total plan cost for the year is the sum of the investment fund contribution and the whole life insurance and/or annuity premiums due.					
		Benefits Provided by Trust & Universal Life Products					
		The investment fund contribution is adjusted each year to reflect changes in the current value of universal life insurance contracts. The total plan cost for the year is the sum of the investment fund contribution plus a premium deposit, which is calculated to cover mortality and expense charges.					
		The value of the assets for the minimum funding standard account includes the current cash value of the universal life insurance contracts.					
		Benefits Provided by Trust & Combination of Whole Life & Universal Life Products					
	·	The investment fund contribution will accumulate at the normal retirement dates to an amount will be sufficient to provide the pension benefit when combined with the ultimate cash values of whole life insurance and/or annuity policies on the participants' lives. The investment fund contribution is adjusted each year to reflect changes in the current value of universal life insurance contracts. The total plan cost for the year is the sum of the investment fund contribution, the whole life insurance and/or annuity premiums due plus a premium deposit which is calculated to cover mortality and expense charges applicable to universal life contracts.					

The value of the assets for the minimum funding standard account excludes the current cash value of the whole life insurance and annuity contracts and

includes the current cash value of universal life insurance contracts.

ADDITIONAL COMMENTS AND ADJUSTMENTS

Comments and adjustments to prior reports:
The plan is currently active.
, , , , , , , , , , , , , , , , , , ,
\cdot
Changes in actuarial assumptions and/or funding methods:
The current liability and mortality assumptions were updated to reflect the new range.
•

Annual Return/Report of Employee Benefit Plan OMB Nos. 1210-0110 Form 5500 1210-0089 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and Department of the Treasury Internal Revenue Service sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). 2010 Department of Labor Complete all entries in accordance with Employee Benefits Security Administration the instructions to the Form 5500. Pension Benefit Guaranty Corporation This Form is Open to Public inspection Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008 a multiemployer plan; a multiple-employer plan; or A This return/report is for: a single-employer plan; a DFE (specify) ____ the first return/report; the final return/report; B This return/report is: an amended return/report; a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here..... the DFVC program; Form 5558: automatic extension; D Check box if filing under: special extension (enter description) Part II Basic Plan Information-enter all requested information 1b Three-digit plan 1a Name of plan number (PN) ▶ NEVADA K, LLC DEFINED BENEFIT PENSION PLAN 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification (Address should include room or suite no.) Number (EIN) 20-2378534 NEVADA K. LLC 2c Sponsor's telephone number 702-303-6363 9517 CAMINO CAPISTRANO LANE 2d Business code (see LAS VEGAS NV 89147 instructions) 531390 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	Date	SIMON K, SHAKIB Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual algning as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

	Form 5500 (2010)	Page	2				
3a SAI	Plan administrator's name and address (if same as plan sponsor, enter "Same //E	"}		20- 3c Ad nu	ministrator's EIN 2378534 ministrator's telephone mber 2-303-6363		
4	If the name and/or EIN of the plan sponsor has changed since the last return/r the plan number from the last return/report:	eport filed for t	his plan, enter the name, EIN	and	4b EIN		
а	Sponsor's name				4c PN		
5	Total number of participants at the beginning of the plan year			5	<u> </u>		
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, (6b, 6c, and 6d).	<u> </u>			
а	Active participants			6a	3		
b	Retired or separated participants receiving benefits			6b	<u>C</u>		
c	Other retired or separated participants entitled to future benefits	-,,-,,-,,-,,-,,,,,,,,,,,,,,,,,,,,,,,,,,	by 180044871 A TELETI 1876/4 62414747074 (* 1077 1947)	6c	C		
.1	Subtotal. Add lines 6a, 6b, and 6c			6d	3		
d			С				
0	Deceased participants whose beneficiaries are receiving or are entitled to rece	6e 6f	- L				
f	f Total. Add lines 6d and 6e				3		
g	Number of participants with account balances as of the end of the plan year (complete this item)	only defined co	ntribution plans	6g			
h	Number of participants that terminated employment during the plan year with less than 100% vested	***************	PB4394B331479-1705013272013707770407455555555555		C		
7	Enter the total number of employers obligated to contribute to the plan (only r				·		
	If the plan provides pension benefits, enter the applicable pension feature cod 1A 1G 3D f the plan provides welfare benefits, enter the applicable welfare feature codes	from the List o	of Plan Characteristic Codes in	n the ins	tructions:		
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor 9b Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor						
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	tached, and, w	here indicated, enter the num	ber atta	ched. (See instructions)		
ε	Pension Schedules (1) X R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(1) (2) (3) (4)	Schedules H (Financial Inform H (Financial Inform A (Insurance Info C (Service Provid	mation - rmation ler Infon) mation)		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participat G (Financial Tran				

SCHEDULE I (Form 5500)

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee

OMB No. 1210-0110

2010

	Department of the Treasury Internal Revenue Service	ct of 19	74 (ERISA), and Code (the Cod	d section	1 6058(a)	of the					
E	Department of Lebor Employee Senefits Security Administration			hment to Form	-		ľ	This	Form is Open to	Public	
	Pansion Senefit Guaranty Corporation							10410000	Inspection		
For	calendar plan year 2010 or fiscal pla	an year beginning 01/01/200	08		Γ	nd ending	12/	/31/2008	<u> </u>		
	Name of plan ADA K, LLC DEFINED BENEFIT PI	ENSION PLAN			1	hree-digit Ian numbe	er (PN)	•	001		
							· · · · · · · · · · · · · · · · · · ·				
C F	Plan sponsor's name as shown on li	ne 2a of Form 5500			D En	nployer Id	entification	on Numbe	er (EIN)		
NEV	ADA K, LLC	•			20-	2378534					
Con	nplete Schedule I if the plan covered It plan under the 80-120 participant r	fewer than 100 participants as of ule (see instructions). Complete S	the beg	nning of the pla H if reporting a	n year. Y s a large	ou may a plan or D	lso comp FE.	lete Sche	dule ! if you are filin	g as a	
Pa	rt I Small Plan Financial										
asse	ort below the current value of asset ets held in more than one trust. Do r efit at a future date. Include all incor rance carriers. Round off amounts	tot enter the value of the portion ne and expenses of the plan incl	of an in	surance contrac	at that gu	ıarantees	during th	nis plan ye	ear to pay a specifi	c dollar	
1	Plan Assets and Liabilities:			(a) B	eginning	of Year			(b) End of Year	· · · · · · · · · · · · · · · · · · ·	
а	Total plan assets		1a				59311			683337	
b	Total plan liabilities		ib				0				
C	Net plan assets (subtract line 1b fro	om line 1a)	1c	659311				.,		683337	
2	Income, Expenses, and Transfer	s for this Plan Year:			(a) Amo	unt			(b) Total		
a	Contributions received or receivable	e:									
	(1) Employers	<u>.</u>	2a(1)				0				
	(2) Participants		2a(2)				0				
	(3) Others (including rollovers)	waabhiisseessefgqavsssavevoorbiiddiddidhiihiidigay	2a(3)				0				
b	Noncash contributions	***************************************	2b				Ó				
C	Other income	*************************************	2c				24026]			
d	Total income (add lines 2a(1), 2a(2	2), 2a(3), 2b, and 2c)	2d			.,				24026	
e	Benefits paid (including direct rollo	vers)	. 20				0				
f	Corrective distributions (see instru	ctions)	. 2f				0				
g	Certain deemed distributions of pa		2g				0				
h	Administrative service providers (s						0]			
i	Other expenses		2i				0				
ĵ	Total expenses (add lines 2e, 2f, 2		$\overline{}$							0	
k	Net income (loss) (subtract line 2)	from line 2d)	2k							24026	
1	Transfers to (from) the plan (see in	structions)	21							0	
3	Specific Assets: If the plan held as remaining in the plan as of the end of by-line basis unless the trust meets of	if the pla	n's interest in a c								
	•	•				Yes	No		Amount		
a	Partnership/joint venture interests.	(2200111117-27714-1-1217-1224-1441717)) F74-477-14011 7- 8544	.>x-401,010	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 3a		Х				
b						Х					

Х C Real estate (other than employer real property) Х 3d Х

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule I (Form 5500) 201

	Schedule 1 (Form 5500) 2010 Page 2-1]					
		Į	Yes	No		Amount	· · · · · · · · · · · · · · · · · · ·
3f	Loans (other than to participants)	3f	100	х		7, mount	
a	Tangible personal property			x			
æ)		<u> </u>		1			**************************************
Pe	rt II Compliance Questions					· · · · · · · · ·	
4	During the plan year:		Yes	No		Amount	l .
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program,)	4a		x			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		х			
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	-	х			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions		 				
	reported on line 4a.)	4d		×			· · · · · · · · · · · · · · · · · · ·
e	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	41		х			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		x_			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		×			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		х			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x				
ŧ	Has the plan failed to provide any benefit when due under the plan?	41		Х			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		х			
n	if 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		х			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	. [] Y	es 🛛	No A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify	the plar	ı(s) to w	hich asset	s or liabiliti	es were
	5b(1) Name of plan(s)			5b(2)	EIN(s)		5b(3) PN(s)
			•				
		1					

SCHEDULE R (Form 5500)

Department of the Treasury

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section

OMB No. 1210-0110

2010

	Internal Revenue Service	6058(a) of the Internal Revenue C	ode (the Code).				
	Department of Labor holoyee Benefits Security Administration	File as an attachment to				m is Open to F Inspection.	² ublic
Cond	Pension Benefit Guaranty Corporation Calendar plan year 2010 or fiscal p	lan year hadinning 01/01/2008	and endin	g 12/31/2	2008		
A N	ame of plan LDA K, LLC DEFINED BENEFIT P	В		er •	001	10000	
	an sponsor's name as shown on l ADA K, LLC	ine 2a of Form 5500	D	Employer lo 20-2378		on Number (EIN	1)
Pa	rt Distributions						
Allr		only to payments of benefits during the plan y	ear.				
1	Total value of distributions paid in	property other than in cash or the forms of proper	ty specified in the				
2	payors who paid the greatest doll EIN(s): Profit-sharing plans, ESOPs, as	paid benefits on behalf of the plan to participants of ar amounts of benefits): nd stock bonus plans, skip line 3. deceased) whose benefits were distributed in a sin			ere than tw	o, enter EINs o	of the two
3	year	deceased) whose benefits were distributed in a sin	gie sum, during the pie	3			0
Pa	ert II Funding Informat ERISA section 302, ski	ion (if the plan is not subject to the minimum func p this Part)	ling requirements of se	ection of 412 c	of the Inter		ode or
4 5	If the plan is a defined benefit If a waiver of the minimum fundir plan year, see instructions and e	ng standard for a prior year is being amortized in th nter the date of the ruling letter granting the waiver	is . Date: Month_	£	Yes		
	If you completed line 5, comple	ete lines 3, 9, and 10 of Schedule MB and do no	t complete the remai	nder of this s	chedule.	·	
6	a Enter the minimum required	contribution for this plan year		6a			
-		by the employer to the plan for this plan year					
	c Subtract the amount in line 6	b from the amount in line 6a. Enter the result to fa negative amount)					
	If you completed line 6c, skip I			Lane			
7		nt reported on line 6c be met by the funding deadlin	67),414))E	Yes	☐ No	⊠ N/A
8	automatic approval for the chang	nod was made for this plan year pursuant to a reve ge or a class ruling letter, does the plan sponsor or	plan administrator agr	ee L	Yes	☐ No	N/A
Pa	ert III Amendments						
9	year that increased or decreased box(es). If no, check the "No" bo	n plan, were any amendments adopted during this d the value of benefits? If yes, check the appropria x	te Increase	المسا	rease	Both	X No
Pa	rt IV ESOPs (see inst skip this Part.	tructions). If this is not a plan described under Sect	ion 409(a) or 4975(e)(7) of the Inter	nal Reven		pag
10	Were unallocated employer sec	urities or proceeds from the sale of unaliocated sec	curities used to repay a	ny exempt lo	an?	Yes	No No
11		referred stock?				Yes	: No
-	b If the ESOP has an outstar	nding exempt loan with the employer as lender, is so	such loan part of a "bac	:k-to-back" lo	an?	Yes	No
12	Done the ESOD hald my stack i	that is not readily tradable on an established secur	ities market?			Yes	, No

		Schedule R (Form 5500) 2010 Page Z*
Part	V	Additional Information for Multiemployer Defined Benefit Pension Plans
13 F	nte	r the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in
d 21		ars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer
b		EIN C Dollar amount contributed by employer
d		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e		Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
		(1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
a		Name of contributing employer
b		EIN C Dollar amount contributed by employer
d		Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
е		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,
		complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):
a		Name of contributing employer
b		EIN C Dollar amount contributed by employer
d	l	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
е	•	Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
a	1	Name of contributing employer
b)	EIN C Dollar amount contributed by employer
d	1	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e)	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (In dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
a	1	Name of contributing employer
b)	EIN C Dollar amount contributed by employer
C	!	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e	•	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	· · ·	(2) Base unit measure: Hourly Weekly Unit of production Other (specify):
a		Name of contributing employer
<u> </u>		EIN C Dollar amount contributed by employer
	¥ 	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e	•	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

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	Schedule R (Form 5500) 2010 Page 3		
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the	
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an	
	The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, of supplemental information to be included as an attachment.		
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pensi	on Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see information to be included as an attachment	struction	s regarding supplemental
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt;% Real Estate:	_% Oth	er:%
	b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-	21 years	21 years or more
	C What duration measure was used to calculate item 19(b)? Effective duration		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Attach to Form 5500 or 5500-F7 if anyticable (Se

Official Use Only OMB No. 1210-0110 2008

This Form is Open to

Pension Banarit Guaranty Corporation Pattern to 10111 5000 01 35	200 CF 11 44	spreamon (coo mis	MONON	47)	- TUN	ic mehecion.
or calendar plan year 2008 or fiscal plan year beginning		, and	ending			
Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of this report	uniess reas	onable cause is es	tablishe	d.		
Name of plan			B Thr		git	
NEVADA K, LLC DEFINED BENEFIT PENSION PLAN		pla	n num	ber (PN) ▶	001	
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ						ion Number (EIN)
NEVADA K, LLC					78534	,
Type of plan: X Single Multiple-A Multiple-B	Prior year p	lan size: X 100	or fewer		101-500	More than 500
Basic Information						10000 31000
1 Enter the valuation date: Month 12 Day 3	1 Y	ear 2008	***************************************	·		
2 Assets:						
a Market value				2a	A-12-SASSASSASSAS	683337
b Actuarial value				2b		683337
Funding target/participant count breakdown		(1) Number of	actioipa		(2) Fu	Inding Target
a For retired participants and beneficiaries receiving payment	3a	0		- 172	(ac) 1 U	O Samuel Militaria
D For terminated vested participants	7 7 M T W 12 7 L	0				0
© For active participants:						
(1) Non-vested benefits	3c(1)					0
(2) Vested benefits					<u></u>	618930
(3) Total active		3		2002		618930
d Total		3				618930
If the plan is in at-risk status, check the box and complete lines 4a an					11 A - A - C - A	
a Funding target disregarding prescribed at-risk assumptions,			ĺ	4a		
b Funding target reflecting at-risk assumptions, but disregarding transiti				761		
at-risk for fewer than five consecutive years and disregarding loading				4b		
5 Effective Interest rate				5		6.09 %
3 Target normal cost				6	<u> </u>	0.05 %
latement by Enrolled Actuary	*********		1			
To the best of my knowledge, the information supplied in this schedule and accompanyl ascribed assumption was applied in accordance with applicable law and regulations. In my the plan and reasonable expectations) and such other assumptions, in combination, often	iv opinion, eac	h other assumotion is	reasonabl	le (takir	ig into account ne plan.	the experience 11/22/2011
Signature of actuary					Date	
THOMAS P ADAMS						11-02031
Type or print name of actuary			V	lost re	ecent enrolln	nent number
ADAMS PENSION SERVICES					60	3-648-2545
Firm name			Telep	hone	number (incl	uding area code)
812 BATTLE STREET						
NEBSTER NH	033	03				
Address of the firm						
the actuary has not fully reflected any regulation or ruling promulgated un-	der the state	ite in completing t	nis sched	duie,		
neck the box and see instructions	• • • • • • • • • • • • • • • • • • • •				<u> </u>	
or Paperwork Reduction Act Notice and OMB Control Numbers.		v11.3				B (Form 5500) 2008
ee the Instructions for Form 5500 or 5500-EZ.						, 3 ,

	Ognoda	NO CER (TOTAL GOOD	o, 2000		····		rage			Offici	at Lise Only	-
中省	Mil Begli	nning of yea	r carryo	ver and prefunding	balances (See	instructions	3	······································	0,000	ar bac only	
	LONGER COLUMN TO THE COLUMN TO	-,;·				4	a) Carryover bal		(b)	Prefun	ding balanc	0
7	Balance at be	ginning of prior :	year after a	applicable adjustments (lin	e 13 from							
								N/A			N	/A
8											N	/A
9											N	/A
10	100				%	HOLVESON R		N/A			N	/A
11				dded to prefunding balanc								
a				/ear)								/A
D	-	• ,	•	ective rate of N/								/A
¢				an year to add to prefundi								/A
ď				ding balance							N	/A
12				r deemed elections								/A
13				<u> 9 + line 10 + line 11d - li</u>	ne 12)			0			N	/A
		ing percenta										
14										14	110.4	
15				entage						15	110.4	0 %
16	•			oses of determining wheth								
	offset current	year's funding re	quirement	·						16	93.8	8 %
17	If the current v	value of the asse	ts of the p	lan is less than 70 percent	of the funding	targe	t, enter such per	centage .		17	·····	%
	····	ributions and		-T								
18	·	1		an year by employer(s) ar	id employees:	·						
/8 49	(a) Date I-DD-YYYY)	(b) Amount p		(c) Amount paid by	(a) Date		(b) Amount p		(c		int paid by	
(IAIN	N-UU-1111)	employe	(8)	employees	(MM-DD-Y	YYY)	employer	(s)		emp	loyees	
					/				ļ			
									ļ			
,						A	······································				·	·
	<u>.</u>						*		ļ			
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·			·········					·	ļ			
3578 W					Koreaven				1			
					Tota	is 🕨	(d)8T		18(c)		Address	0
				e instructions for small pla					ie year:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				inimum required contribut								
b	Contributions	made to avoid b	enem rest	rictions adjusted to valuation	on date			. <u>19b</u>				 .
				required contribution for a	current year, a	djusted	to valuation da	ie 19c	GO SANTERAN	. Konstankya		e Constant
50		ributions and liq	•									
a				r the prior year?						-	Yes X	No
				ly installments for the cum			mely manner? .	ENERGY OF THE CITY			Yes	No
C	n line 20a is "Y	res," see instruci	nons and c	complete the following table			<u></u>					
	7.43	1 -1	r	Liquidity shortfall as of e	and of quarter			<u> </u>				
	(1)	ist		(2) 2nd		(3)	3rd			(4) 4	4th	

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ı	n Cambanahista	PR (Carro eroo) open		1					
	Schedule	SB (Form 5500) 2008		rage 3			Official U	ຊອ (ປັກໄນ	
	Assum	ptions used to determin	e funding target and ta	rget normal cost					·····
21	Discount rate:		- Introduce the second	igot mormal ooot				//	
41	Diografii faic.	1st segment:	2nd segment:	3rd segment:		N/A.	full yield	i curve	used
a	Segment rates:	5.76 %	6.25	%		ran gran	, ,,,,,,		
	•	th (enter code)		21b				3	
22	,	ge retirement age			22	<u> </u>	****************	*******	65
23) (see instructions) X Pro	Prescribed separate	- 	Substitute	***************************************		V-1-12 V-100 000000	
20	Miscel	laneous items						************	
24	Has a change b	een made in the non-prescribed	actuarial assumptions for the o	current plan year? If "Yes," s	ee ins	tructions			***
	regarding requir	red attachment		*****			Ye		X No
25	Has a method o	hange been made for the curren	t plan year? If "Yes," see instru	ctions regarding required at	tachm	ent	Ye	18	X No
26	ls the plan requ	ired to provide a Schedule of Ac	tive Participants? If "Yes," see in	nstructions regarding requir	ed atta	chment	Ύe	ıs .	X No
27	If the plan is elig	gible for (and is using) alternative	funding rules, enter applicable	code and see		_			
		arding attachments			27				
	Recon	ciliation of unpaid minim	um required contribution	ons for prior years					
28	Unpaid minimur	m required contribution for all prid	or years		28				0
29	-	oloyer contributions allocated tow	,	•					
					29				-
30		unt of unpaid minimum required		e 29)	30		·		0
		um required contribution		, , , , , , , , , , , , , , , , , , ,	,	•			····
31		ost, adjusted, if applicable (see li	nstructions)		31				0
32	Amortization ins			Outstanding Balanc			installn	nent	
а		ortization installment	· · · · · · · · · · · · · · · · · · ·		0				0
b		ation installment			0				0
33		been approved for this plan year,							
		Day Year		<u>t </u>	33				
34		quirement before reflecting carry							
	(line 31 + line 32	2a + line 32b - line 33)	10-10-10-10-10-10-10-10-10-10-10-10-10-1		34	ļ			0
			Carryover balance	Prefunding balance		· ·	Total ba	lance	
35	Balances used t	0	ļ			0			
36		requirement (line 34 minus line 3			36	 			0
37		located toward minimum require		-	-				
					37	ļ-,			0
38		d excess contributions for curren			38	<u> </u>			
39		m required contribution for curren			39	<u> </u>			0
40	Unpaid minimur	40	l			0			

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Attachment to 2008 Schedule SB, Part V - EIN: 202378534 - PN: 001

NEVADA K, LLC--2008 DEFINED BENEFIT PENSION PLAN PRED ER--INVESTORS GROUP NEVADA, LP

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2008 to 12/31/2008 Valuation Date: 12/31/2008

	For PPA Funding	For Actuarial Equivalence					
Interest Rates	Segment 1 5.76%	Segment 1 4.41%					
	Segment 2 6.10%	Segment 2 4.57%					
	Segment 3 6.25%	Segment 3 4.27%					
Pre-Retirement							
Turnover	None	None					
Mortality	None	None					
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation					
Post-Retirement							
Mortality	Male-modified RP2000 combined healthy male projected 23 & 15 yrs Female-modified RP2000 combined healthy female projected 23 & 15 yrs	2008 Applicable Mortality Table from Rev Rul 2007-67					
Assumed Benefit Form Fo	r Funding	Lump Sum					
Calculated Effective Intere	est Rate	6.09%					

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Attachme = 5 2008 Schedule SB, Part V = EIN: 202378534 N: 001

NEVADA K, LLC--2008 DEFINED BENEFIT PENSION PLAN PRED ER--INVESTORS GROUP NEVADA, LP

Summary of Plan Provisions Plan Year: 1/1/2008 to 12/31/2008

Plan Effective Date

January 1, 2004

Plan Year

From January 1 to December 31

Eligibility

All employees not excluded by class are eligible to enter on the January I or July 1 coincident with or following the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

ayable in the normal form equal to the followin

Maximum benefit is \$15,417 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Immediate 100% vesting

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer.

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Attachme o 2008 Schedule SB, Part V - EIN: 202378534 N: 001

NEVADA K, LLC--2008 DEFINED BENEFIT PENSION PLAN PRED ER--INVESTORS GROUP NEVADA, LP

Summary of Plan Provisions Plan Year: 1/1/2008 to 12/31/2008

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Disability Equal to present value of the accrued benefit

Form **5558** (Rev. August 2012)

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1546-0212

Department of the Treasury Internal Revenue Service ► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filor	s identif	ying number is	see instruction	s)
	NEVADA K, LLC	T			·	er (EIN) (9 digit	•
	Number, street, and room or suite no. (if a P.O. box, see instructions) 4077 DEAN MARTIN DR.	_		378534) (9 digits XXX-)	/V_V/V/V
	City or town, state, and ZIP code LAS VEGAS, NV 89103		0201	ii doddiii	y maniour (oct) (v digite XVV-X	W-101/W)
C	Plan name		Piar	ì	Pla	n year endin	g-
			numb	er	MM	DD	YYYY
	NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	٥	0	1	12	31	2012
Pai	Extension of Time To File Form 5500 Series, and/or Form	m 8955-9	SSA				
1	Check this box if you are requesting an extension of time on line 2 to fi in Part 1, C above.	ile the first	Form	5500 s	eries return/i	eport for the	plan listed
2	I request an extension of time until 10 / 15 / 2013 to file F Note. A signature IS NOT required if you are requesting an extension to file	Form 5500 le Form 55	series 00 ser	(see ir ies.	structions).		
3	I request an extension of time until 10 / 15 / 80/5 to file F Note. A signature IS NOT required if you are requesting an extension to file	Form 8955 le Form 89	-SSA (55-SS	see ins A.	structions).		
	The application is automatically approved to the date shown on line 2 a the normal due date of Form 5500 series, and/or Form 8955-SSA for w and/or line 3 (above) is not later than the 15th day of the third month after	thich this c	vtone	ion in i	a) the Form requested, a	5558 is filed nd (b) the da	on or befor ate on line
Par	t III Extension of Time To File Form 5330 (see instructions)				···		
4	I request an extension of time until / / to file F	Form 5330.					
	You may be approved for up to a 6 month extension to file Form 5330, after	er the norn	nal du	e date	of Form 5336) .	
a	Enter the Code section(s) imposing the tax	>	а	<u></u>	.,	,	
b	Enter the payment amount attached					b	
6 5	For excise taxes under section 4980 or 4980F of the Code, enter the reven State in detail why you need the extension:	sion/amen	dmen	date.	>	С	
		**********				**	***********

						****	************
		********	*******************	u			
						(1) - (1) -	
Inder	penalties of perjury, I declare that to the best of my knowledge and belief, the statements me	and on this f		PRODUCTION OF THE PRODUCTION O			

	Form 5500	Annual Return/Repor	rt of E	Employe	e Benefit Plan	OMB Nos. 1210-0110 1210-0089				
	epartment of the Treasury Internal Revenue Service	This form is required to be filed for and 4065 of the Employee Retirem sections 6047(e), 6057(b), and 6056	ent Inco	me Security.	Act of 1974 (ERISA) and		2012			
E	Department of Labor mployee Benefits Security Administration	Complete all the instruction	entries i	n accordan	se with		2012			
Pensio	n Benefit Guaranty Comoration					This	This Form is Open to Public Inspection			
Part I		ntification Information								
	ndar plan year 2012 or fiscal	plan year beginning 01/01/2	012	n multiple	and ending 12/3: -employer plan; or	1/2012				
A This r	eturn/report is for:	닐	l (==	ecify)					
		X a single-employer plan;	ļ	a D. r. (a)	(dolly)					
B This r	return/report is:	the first return/report;		the final n	eturn/report;					
an amended return/report; a short plan year return/report (less th							nonths).			
C If the	plan is a collectively-bargain	ed plan, check here		— 			. ▶ 🗍			
D Check	k box if filing under:	X Form 5558;	[automatic	extension;	☐ th	ne DFVC program;			
	-	special extension (enter des	cription)							
Part l	Basic Plan Inform	nation—enter all requested informa	ition							
1a Nam	e of plan					115	Three-digit plan number (PN)	001		
NEVADA	4 K, LLC DEFINED BENEFIT	FPENSION PLAN				10	Effective date of pl 01/01/2004	<u></u>		
2a Plan	sponsor's name and addres	s; include room or sulte number (emp	loyer, if	for a single-	employer plan)	2k	Employer Identifica	ation		
NEVAD/	•	,	•		Number (EIN) 20-2378534					
					2c Sponsor's telephone number (702) 303-6363					
4077 DE	EAN MARTIN DR.		2				2d Business code (see Instructions) 531390			
LAS VE	GAS, NV 89103									
		ncomplete filing of this return/repor								
Under pe statemer	enalties of perjury and other and attachments, as well	penalties set forth in the instructions, I as the electronic version of this return	declare Vreport,	that I have a	examined this return/report est of my knowledge and I	t, including celief, it is	g accompanying sche true, correct, and cor	dules, nplete.		
SIGN					SIMON K. SHAKIB					
HERE	Signature of plan adminis	strator	Date		Enter name of individua	i signing a	s plan administrator			
SIGN										
HERE	Signature of employer/pla	an sponsor	Date		Enter name of Individua	l signing a	s employer or plan s	onsor		
SIGN										
HERE	Signature of DFE		Date		Enter name of Individua					
Preparer	's name (Including firm name	e, if applicable) and address; include r	room or	suite numbe	r. (optional)	Preparer's (optional)	s telephone number			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form 5500 (2012) v. 120126

	Form 5500 (2012)	Page	2		
3a	Plan administrator's name and address XSame as Plan Sponsor Name	Same as Plan Sp	oonsor Address	3b Ad	ministrator's EIN
					ministrator's telephone mber
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	vireport filled for th	ls plan, enter the name,	4b Ell	4
а	Sponsor's name	4c PN			
5	Total number of participants at the beginning of the plan year			5	3
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6t	o, 6c, and 6d).		
a	Active participants	***********************************	»,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6a	3
b	Retired or separated participants receiving benefits	*********************	***************************************	6b	0
c	Other retired or separated participants entitled to future benefits	***************	**********************************	6c	C
d	Subtotal. Add lines 6a, 6b, and 6c	~<+^***************************	**************************************	6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	drawn,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6e	с
f	Total. Add lines 6d and 6e	6f	3		
g	Number of participants with account balances as of the end of the plan year complete this item)	- 6g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer pla	ns complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature co 1A 1G 1i 3D	odes from the List	of Plan Characteristics Code	es in the	Instructions:
b	if the plan provides welfare benefits, enter the applicable welfare feature cod	les from the List o	f Plan Characteristics Codes	s in the i	nstructions:
9a	Plan funding arrangement (check all that apply)	9b Plan benef	It arrangement (check all the	at apply)	
	(1) Insurance	(1)	Insurance		
	(2) Code section 412(e)(3) insurance contracts (3) X Trust	(2)	Code section 412(e)(3)	insuranc	e contracts
	(4) General assets of the sponsor	(4)	Trust General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are all				hed. (See Instructions)
	Pension Schedules	b General S			,
4	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	nation)	
•	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial information) - signed by the plan actuary	(2) (3) (4)	I (Financial Inform A (Insurance Inform C (Service Provide	mation)	·
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participati G (Financial Trans	-	*

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending 12/31/2012
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN	B Three-digit 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA K, LLC	D Employer Identification Number (EIN) 20-2378534

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers, Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:	· hout	(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	697072	697072
þ	Total plan liabilities	1b	0	0
C	Net plan assets (subtract line 1b from line 1a)	1 c	697072	697072
2	income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)	0	
	(3) Others (including rollovers)	2a(3)	0	
b	Noncash contributions	2b	0	
C	Other income	2€	0	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		0
е	Benefits paid (including direct rollovers)	20	0	
f	Corrective distributions (see instructions)	2f	0	
8	Certain deemed distributions of participant loans (see instructions)	2 g	0	
h	Administrative service providers (salaries, fees, and commissions).	2h	0	
i	Other expenses	2 i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2l)	2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
1	Transfers to (from) the plan (see instructions)	21		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture Interests	3a		Х	
þ	Employer real property	3b		X	
C	Real estate (other than employer real property)	3c		Х	
ď	Employer securities	3d		Х	
е	Participant loans			Х	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500

	Schedule I (Form 5500) 2012 Page 2 - 1					
		ſ	Yes	No		Amount
3f	Loans (other than to participants)	3f		×		
g		3g		×		
-	in the Council and a Constitute					
4	rt II Compliance Questions During the plan year:		Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	105	x		Allouix
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		×		
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x		
e	Was the plan covered by a fidelity bond?	4e		X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		x		The state of the s
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		x		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		x		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or parinership/joint venture interest?	41		х		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		×		
k	Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	×			
ł	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		×		· · · · ·
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Υe	es 🛛 N	lo <i>i</i>	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	the plan	ı(s) to v	vhich assets o	r liabilities were
	5b(1) Name of plan(s)			5b(2	EIN(s)	5b(3) PN(s)
Pa	t III Trust Information (optional)					
	Name of trust			6b Tr	ust's EIN	

SCHEDULE R (Form 5500)

Retirement Plan Information

2042

OMB No. 1210-0110

	Department of the Treasury Internal Revenue Service	he ion		2012			
E	Department of Labor Imployee Benefits Security Administration	6058(a) of the Internal Revenue Code (the Co File as an attachment to Form 5500.	•	[This F	onn is Open to Inspection.	Public
	Pension Benefit Guaranty Corporation	04/04/2042		105	31/2012		
	calendar plan year 2012 or fiscal p	lan year beginning 01/01/2012	and ending	·····			
	lame of plan ADA K, LLC DEFINED BENEFIT P	ENSION PLAN	В	Three-di plan nu (PN)	_	001	
	lan sponsor's name as shown on li	ne 2a of Form 5500	D	Employe	r Identifica	tion Number (EII)	4)
NEV	ADA K, LLC			20-23	78534		
 				•			
Pa							,
All r	references to distributions relate	only to payments of benefits during the plan year.					
1		property other than in cash or the forms of property specified			1		
2	Enter the FIN(s) of navor(s) who a	paid benefits on behalf of the plan to participants or beneficiari	les during th	e vear (if	more than	two, enter EINs	of the two
-	payors who paid the greatest dollar			. , (
	EiN(s):						
	•			······································			
	Profit-sharing plans, ESOPs, ar	nd stock bonus plans, skip line 3.		_			
3		leceased) whose benefits were distributed in a single sum, dur			_		
		***************************************			3		0
Pa	art II Funding Informati ERISA section 302, skip	On (If the plan is not subject to the minimum funding requirent this Part)	nents of sec	lion of 41	2 of the In	ternal Revenue C	
4	Is the plan administrator making an	election under Code section 412(d)(2) or ERISA section 302(d)(2	?)?	******	Yes	∐ No	∐ N/A
	If the plan is a defined benefit p	lan, go to line 8.					
5	If a waiver of the minimum funding plan year, see instructions and en	g standard for a prior year is being amortized in this leter the date of the ruling letter granting the waiver. Date:	Month		Day	Year_	
	-	te lines 3, 9, and 10 of Schedule MB and do not complete	the remain	der of thi			
6	a Enter the minimum required c	ontribution for this plan year (include any prior year accumulat	ted funding	Γ.	3a		
	*				3b		
	b Enter the amount contributed	by the employer to the plan for this plan year	[[]] * * * * * * * * * * * * * * * * * *	·····	- ac		
	C Subtract the amount in line 6b (enter a minus sign to the left	from the amount in line 6a. Enter the result of a negative amount)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ic .		
	If you completed line 6c, skip li						
7	Will the minimum funding amount	reported on line 6c be met by the funding deadline?		*****	Yes	□No	M/A
					LJ 100		
8	authority providing automatic app	od was made for this plan year pursuant to a revenue procedu roval for the change or a class ruling letter, does the plan spot	ure or other nsor or plan		∏ Yes	□No	X N/A
		ge?					LI
Pa	rt III Amendments						
9	If this is a defined benefit pension	plan, were any amendments adopted during this plan					
-	year that increased or decreased	the value of benefits? If yes, check the appropriate	Increase	Пь	ecrease	Both	X No
							M 140
Pai	rt IV ESOPs (see Instr skip this Part.	uctions). If this is not a plan described under Section 409(a) or	r 4975(e)(7)	of the Int	emal Reve	enue Code,	
10	Were unallocated employer secu	rities or proceeds from the sale of unallocated securities used	to repay an	y exempt	loan?	Yes	No
11	a Does the ESOP hold any pro	eferred stock?				Yes	No
	b If the ESOP has an outstand	ling exempt loan with the employer as lender, is such loan pai on of "back-to-back" loan.)				Yes	No
12		nat is not readily tradable on an established securities market?					No

Apparent type of action of

Page 2 -Schedule R (Form 5500) 2012 Additional Information for Multlemployer Defined Benefit Pension Plans Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer Dollar amount contributed by employer b EIN Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box ď and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Weekly Unit of production Other (specify): Base unit measure: | Hourly Name of contributing employer a EIN Dollar amount contributed by employer b Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box d and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete fines 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Waekiy Unit of production Other (specify): Base unit measure: Hourly Name of contributing employer a Dollar amount contributed by employer b Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Weekly Other (specify): Unit of production Base unit measure: Hourly Name of contributing employer Dollar amount contributed by employer b EIN C Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Contribution rate information (if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents Weekly Unit of production Other (specify): Base unit measure: Hourly (2)Name of contributing employer a Dollar amount contributed by employer b C Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month_ Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Other (specify): Weekly Base unit measure: | Hourly Unit of production Name of contributing employer Dollar amount contributed by employer EIN b Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month_ Contribution rate information (If more than one rate applies, check this box | and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)

Weekly

Base unit measure: Hourly

Unit of production

Other (specify):

· ;

Schedule R (Form 5500) 2012 Page 3							
Enter the number of participants on whose behalf no contributions were made by an employer as an en participant for:	nployer of the						
a The current year	.,,	4a					
•	14						
C The second preceding plan year	14	4c					
Enter the ratio of the number of participants under the plan on whose behalf no employer had an obliga		an					
	1	5a					
b The corresponding number for the second preceding plan year	1	5b					
	1	6a					
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimate	ed to be 1	6b					
If assets and liabilities from another plan have been transferred to or merged with this plan during the plan supplemental information to be included as an attachment.	an year, check	k box	and see instructions regarding				
art VI Additional Information for Single-Employer and Multiemployer Define	d Benefit P	'ensi	on Plans				
8 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment							
h Provide the average duration of the combined investment-grade and high-yield debt:							
	Enter the number of participants on whose behalf no contributions were made by an employer as an enparticipant for: a The current year	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for: a The current year	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for: a The current year				

SCHEDULE SB (Form 5500)

Depailment of the Treasury Internal Revenue Service

Single-Employer Defined Benefit Plan Actuarial Information

2012

OMB No. 1210-0110

b Actuarial value	Department of Labor Employoo Bonofits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of Internal Reven	of 1974 (ERI: nue Code (th	SA) and sect e Code).	section 6059 of the This Form is Open to Publi			
Post of amounts to nearest dollar.	For onlander also year 2012 or flagal plan		ent to Form	5500 or 550			40040	
A Name of plan NEVADA K, LLC DEFINED BENEFIT PENSION PLAN					and ending	9 1213	1)2012	0.00
NEVADA K, LLC DEFINED BENEFIT PENSION PLAN Plan sponsor's name as shown on like 2a of Form 5500 or 5500-SF NEVADA K, LLC 20-2376534	Caution: A penalty of \$1,000 will be a	assessed for late filing of this report	uniess reasc	nable cause	is established	d,		
C Plan sponsor's name as shown on tine 2n of Form 5500 or 5500-SF NEVADA K, LLC E Typo or plan: Single	•	ENSION PLAN		В	•			001
NEVADA K, LLC 20-2378534					pian name	GI (1.14)		
NEVADA K, LLC 20-2378534	C Plan sponsor's name as shown on line	2a of Form 5500 or 5500-SF		D	Employer Id	Jentificati	ion Number	(EIN)
Part I Basic Information	•			;				•
1 Enter the valuation date: Month 12 Day 31 Year 2012 2 Assetts: a Market value	E Type of plan: X Single Multiple-	A Multiple-B	Prior year pla	n size: χ 1	00 or fewer	101-50	0 More	than 500
2 Assets: a Market value	Part I Basic Information	i.						
a Market value		Month 12 Day 31	Year_	2012				
Diagnostic participant count breakdown: (1) Number of participants (2) Funding Target	· · ·							
3 Funding larget/participants and beneficiaries receiving payment								697072
a For retired participants and beneficiaries receiving payment							•	697072
D For terminated vested participants. G For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active 3c(3) 3 3. 3c(2) 3c(3) 3 3. 3652 d Total 3 3 3652 d Total	= = :		30	(1) Num	ber of participa		(2)	
C For active participants: (1) Non-vested benefits	• •	*· •						(
(1) Non-vested benefits	• •	Proces y a process a respensive production and a second proposition of the second proposition of the second process of the second pr	·(····	
22 Vested benefits	· · · · · · · · · · · · · · · · · · ·		3c(1)			İ		
3 Total active 3c(3) 3 3652			1			ľ		365256
d Total	***					3		365256
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 7.11 6 Target normal cost. 5 Target normal cost. 6 So Statement by Enrolled Actuary 70 the best of my knowledge, the information supplied in this school-via and accompanying schodules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations, in my apicion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such either assumptions combination, either my best eattract or articipated organismous under the plan and reasonable expectations and such either assumptions of articipated organismous under the plan and reasonable expectations and such either assumptions are such assumption of articipated organismous under the plan and reasonable expectations and such either assumptions of articipated organismous under the plan and reasonable expectations and such either assumptions of the plan and reasonable expectations and such either assumptions of the plan and reasonable expectations and such either assumptions of the plan and reasonable expectations and such either assumption account the experience of the plan and reasonable expectations and such either assumption account the experience of the plan and reasonable expectations and such either assumption account the experience of the plan and reasonable expectations and such either assumption of articipated organisms and attachments, if any, is complete and accurate. Each prescribed assumption and accurate. Each prescribed and accurate. Each prescribed and accurate. Each prescribed and accurate. Each prescribed and accurate. Each prescribed and accurate. Each prescribed and accurate. Each prescribed and accurate. Each prescri	d Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4			3	·	365256
b Funding larget reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4 If the plan is in at-risk status, check	the box and complete lines (a) and	(b)	П			*	
Statement by Enrolled Actuary To the best of my knowledge, the internetions expolied in this echodule and accompanying schedules, stolements and attachments, if any, is complete and accurate, Each prescribed assumption was applied accordance with applicable law and regulations. In my apinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated expectations. In my apinion, each other assumption is reasonable (taking into account the experience of the plan and regulations) and such other assumptions combination, offer my best estimate of anticipated expectations and such other assumptions combination, offer my best estimate of actuary Signature of actuary Date 10/13/2013 Type or print name of actuary Most recent enrollment number Adams Pension Services (603) 648-2545 Firm name Telephone number (including area code) 812 Battle Street Webster, NH 03303 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	a Funding target disregarding preso	cribed at-risk assumptions				. 4a		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this school/de and accompanying schodules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations, in my option, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such ethor assumptions combinable. other my best estimate of anticipated experience under the plan. SIGN HERE Thomas P Adams Thomas P Adams 10/13/2013 Signature of actuary Date Thomas P Adams 11-02031 Type or print name of actuary Adams Pension Services (603) 648-2545 Firm name 812 Battle Street Webster, NH 09303 Address of the firm If the actuary has not fully reflected any regulation or ruting promulgated under the statute in completing this schedule, check the box and see						4b		
Statement by Enrolled Actuary Yo the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if eny, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, oach other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such eltior assumptions combination, offer my best eatherst of anticipated expectations and such eltior assumptions accordance with applicable law and regulations. In my opinion, oach other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such eltior assumptions accordance with applicable law and regulations. In my opinion, oach other assumption was applied accordance with applicable in the interpolation and stackments, if eny, is complete and accurate, Each prescribed assumption was applied accordance with applicable in this schedule, check the box and see Signature of actuary	5 Effective interest rate		*************	*************		. 5		7.11 %
Yo the best of my knowledge, the information supplied in this schedule and accompanying schedules, etalements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations, in my apinion, oach other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such either assumptions contributions, ether my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date Thomas P Adams 11-02031 Type or print name of actuary Adams Pension Services Firm name Telephone number (including area code) 812 Battle Street Webster, NH 03303 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	6 Target normal cost	4-54-14-6-4-5-4-14-14-4-4-4-4-4-4-4-4-4-4-4-4-4-4			, ,	. 6		6290
HERE Signature of actuary Date Thomas P Adams Type or print name of actuary Adams Pension Services Firm name 812 Battle Street Webster, NH 03303 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	To the best of my knowledge, the information supp accordance with applicable law and regulations, in	olled in this schoolule and accompanying schools my opinion, oach other assumption is reasonal experience under the plan.	ules, statements blo (taking into a	and attachments ecount the expen	s, if any, is complete tence of the plant a	e and accur	ate, Each preso ble expectation	cribed assumption was applied in s) and such ellior assumptions, m
Thomas P Adams Type or print name of actuary Most recent enrollment number Adams Pension Services (603) 648-2545 Firm name Telephone number (including area code) 812 Battle Street Webster, NH 03303 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	HERE		} Augus				10/13	/2013
Type or print name of actuary Adams Pension Services (603) 648-2545 Firm name Telephone number (including area code) 812 Battle Street Webster, NH 03303 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	`*						Date	
Adams Pension Services (603) 648-2545 Firm name Telephone number (including area code) 812 Battle Street Webster, NH 09303 . Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	,				·			
Firm name 812 Battle Street Webster, NH 09303 . Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	•••	•				Most re	•	
812 Battle Street Webster, NH 03303 . Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Adai							· · · · · · · · · · · · · · · · · · ·
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					i e	iepnone i	numper (ind	ouding area code)
				• • • • • • • • • • • • • • • • • • • •				
n squ sesses to	If the actuary has not fully reflected any re	gulation or ruling promulgated under	r the statute	in completin	g this schedul	e, check	the box and	d see

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012 v. 120126

	-	Schedule	SB (Form 5500) 21)12		Page	2-1						
Pa	ort II	Begin	ning of Year	Carryov	er Prefunding Balanc	es							
							(a) Carryover balance		(b) F	refundi	ng balan	ce
7			- , ,		icable adjustments (line 13 fr	-			0				0
8					funding requirement (line 35								·
9	Amou	ınt remaini	ng (line 7 minus li	(8 aı	*******************************	>=====================================			0				0
			9 using prior year's			******		···	0				0
11	Prior	year's exc	ess contributions t	o be adde	d to prefunding balance:								
				•	38a from prior year)				ļ				
					interest rate of%								
	C Tota	al avallable	at beginning of cur	rent plan y	ear to add to prefunding balan	IC O							
				· · · · · · · · · · · · · · · · · · ·	alance	,		and the same of th				· · · · · · · · · · · · · · · · · · ·	
				***	s or deemed elections								
					+ line 10 + line 11d – line 12)			0				0
L	art III		ding Percenta										
		•			4.14.144444444444444444444444444444444		***************************************		**********		14).84 %
			g target atteinmen	•	<u> </u>				****		15	147	.37 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									16	164	.77 %	
17	if the	current va	lue of the assets o	f the plan	is less than 70 percent of the	funding ta	rget, ente	r such percentage			17		%
P	art IV	Cor	ntributions an	d Liquic	lity Shortfalls		,						
18			· · · · · · · · · · · · · · · · · · ·		ear by employer(s) and emp			1 41		.			
(M	(a) D •M-DD	ate -YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) ((MM-DI	Date)-YYYY)	(b) Amount p employer		"	(c) Amount paid by employees		
	******				-								
						Totals >	· 18(i	s)		18(c)]		
19	Disco	unted em	oloyer contribution	s — see ins	structions for small plan with	a valuation	date afte	r the beginning of th	e year:	·	· · ·		-41
	a Co	ntributions	allocated toward	unpald mit	nimum required contributions	from prior	years		19a	:			0
	b Cor	ntributions	made to avoid res	trictions a	djusted to valuation date	***********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19b				0
	C Co	ntributions	allocated toward m	nimum rec	juired contribution for current)	/ear adjuste	d to valuat	ion date	19c				0
20		•	butions and liquidi	•						L			-
					the prior year?						-	= :	No K
					ly installments for the curren			ety manner?	7474) 6874 74 747		*******	Yes	No
	C If II	ne 20a is '	'Yes," see instructi	ons and c	omplete the following table a	THE RESERVE OF THE PARTY OF THE							····
		(1) 1	st		Liquidity shortfall as of e (2) 2nd	nd of quart		plan year 3) 3rd			(4) 4	th	
		(17 1			(E) Eild		(c	7 514			<u> </u>	····	·

Schedule SB (Form 5500) 2012

7 7

Page 3

Pa	art V Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost					
21	Discount rate:				· · · · · · · · · · · · · · · · · · ·				
	a Segment rates:	1st segment: 5.54%	2nd segment: 6,85 %	3rd segment 7.52 %		N/A, full yield curve used			
	b Applicable month (enter code)	***********************************	**************	21b	3			
22			***************************************		. 22	67			
23	Mortality table(s) (see	Substitu							
Pa	ırt VI Miscellane	ous Items							
24	Has a change been mattachment	nade in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," sea	instruction	s regarding required			
25			lan year? If "Yes," see instructions						
	6 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment								
	If the plan is subject to	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa			um Required Contribution						
28			Children to the control of the contr		28	0			
	Discounted employer	Inpaid minimum required contributions for all prior years			29	0			
30			ntributions (line 28 minus line 29).		30	0			
Pa	rt VIII Minimum	Required Contribution	For Current Year		<u> </u>				
31	102/14-10-00-10-10-00-00-00-00-00-00-00-00-00-	nd excess assets (see instruc			****				
	a Target normal cost ((Ine 6)			31a	6290			
			line 31a		31b	6290			
32	Amortization installme			Outstanding Bala	ance	Installment			
	a Net shortfall amortiz	ation installment			0	0			
	b Waiver amortization	installment				· · · · · · · · · · · · · · · · · · ·			
33			ter the date of the ruling letter grains and the waived amount		33	***************************************			
34	Total funding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33\	34	0			
			Carryover balance	Prefunding bala	nce	Total balance			
35	Balances elected for u	ise to offset funding				0			
36	Additional cash require	ement (line 34 minus line 35)		<u> </u>	36	0			
	Contributions allocated	d toward minimum required c	ontribution for current year adjuste	d to valuation date	37	0			
38		ss contributions for current ye			1				
			, , , , , , , , , , , , , , , , , , ,		38a	0			
			prefunding and funding standard o		38b				
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	9				
				40	0				
			Pension Relief Act of 2010)				
41	41 If an election was made to use PRA 2010 funding relief for this plan:								
	[27] [28]								
		***	41a was made						
					T Leel	8 2009 2010 2011			
			d accept f b as above		42				
43	Excess installment acc	eleration amount to be carrie	d over to future plan years	**************************************	43				

Case 2:11-cv-01082-LDG-PAL Document 49 Filed 03/17/14 Page 64 of 68

Attachment to 2012 Schedule SE | ne 22 - Description of Weighted Average Retire. Age EIN: 20--2378534 PN: 001

NEVADA K, INC. DEFINED BENEFIT PENSION PLAN

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 67

Attachment to 2012 Schedule SB, Part V - EIN: 20--2378534 PN: 001

NEVADA K, INC. DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Plan Effective Date January 1, 2004

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Immediate 100% vesting

Credited years are plan years commencing with the year of hire and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

Attachment to 2012 Schedule SB, Part V - EIN: 20--2378534 PN: 001

NEVADA K, INC. DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently not top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Disability Equal to present value of the accrued benefit

Attachment to 2012 Schedule SB, Part V - EIN: 20--2378534 PN: 001

NEVADA K, INC. DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	For Funding Min Max	For Actuarial Equivalence					
Interest Rates	Seg 1 5.54% 1.75%	Seg 1 1.00%					
	Seg 2 6.85% 4.62%	Seg 2 3.57%					
	Seg 3 7.52% 5.72%	Seg 3 4.77%					
<u>AFTAP</u>							
	Seg 1 1.75%						
	Seg 2 4.62%						
	Seg 3 5.72%						
Pre-Retirement							
Turnover	None	None					
Mortality	None	None					
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation					
Post-Retirement							
Mortality	2012 Applicable Mortality Table from Rev Rul 2007-67	2012 Applicable Mortality Table from Rev Rul 2007-67					
Assumed Benefit Form Fo	r Funding	Lump Sum					
Calculated Effective Intere	7.11%						

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

NEVADA K, INC. DEFINED BENEFIT PENSION PLAN

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Adjusted Funding Target Attainment Percentage (AFTAP) Certification for 2013 Plan Year Valuation Date: 12/31/2012

Plan Effective Date: January 1, 2004

EIN: 20--2378534 PN: 001

1. Funding Target without regard to at-risk	\$466,711
2. Target Normal Cost without regard to at-risk	7,429
3. Actuarial Value of Assets	697,072
4. Pre-Contributions	0
5. Interest on Pre-Contributions	0
6. Discounted Contributions made after Valuation Date	0
7. Carryover Balance	0
8. Prefunding Balance	0
9. Annuity Purchases for NHCEs in Prior Two Years	0
10. Funding Percentage for IRC Section 436(j)(3) (3+4+5+6)/(1+2)11. Item 10 at least 100%?	147.01% Yes
12. Certified Adjusted Funding Target Attainment Percentage (3+4+5+6+9)/(1+	2) 147.01%
<u>Disclosures</u> IRC Section 436(f) Contributions Included in Assets	\$0
Benefit Increase Amendments for HCEs in Prior Two Years?	No

Based on information received from the Plan Administrator. I hereby certify that the above is true and accurate to the best of my knowledge. The plan sponsor elected not to use MAP-21 rates for AFTAP purposes.

Certified by:

Thomas P Adams

Date 10/13/13

1102031

Encollment Number